

Brian Forsythe, M.D.
Sports Medicine
Shoulder, Elbow, Knee Arthroscopy
Shoulder Replacement Surgery

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**MIDWEST
ORTHOPAEDICS
AT RUSH**

Midwest Orthopaedics at Rush
1611 W. Harrison St, Ste 400
Chicago, IL 60612

Munster Indiana Office
9200 Calumet Avenue
Munster, IN 46321

Rush Oak Brook
2011 York Road, Ste 1500
Oak Brook, IL 60523



DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL: Patellar Tendon Repair

- ❖ Recovery after knee surgery entails controlling swelling and discomfort, healing, return of range-of-motion of the knee joint, regaining strength in the muscles around the knee joint, and a gradual return to activities. The following instructions are intended as a guide to help you achieve these individual goals and recover as quickly as possible after your knee surgery.

❖ **COMFORT**

○ **Elevation**

- Elevate your knee and ankle above the level of your heart. The best position is lying down with two pillows lengthwise under your entire leg. This should be done for the first several days after surgery.

○ **Cold Therapy**

- If you elected to receive the **circulating cooling device**, this can be used continuously for the first 3 days, (while the initial post-op dressing is on). After 3 days, the cooling device should be applied 3 times a day for 20-30 minute intervals.
- If you elected to receive the **gel wrap**, this may be applied for 20 minutes on, 20 minutes off as needed. You may apply this over the post-op dressing. Once the dressing is removed, be sure to place a barrier (shirt, towel, cloth, etc.) between your skin and the gel wrap.
- If you elected to use **regular ice**, this may be applied for 20 minutes on, 20 minutes off as needed. You may apply this over the post-op dressing. Once the dressing is removed, be sure to place a barrier (shirt, towel, cloth, etc.) between your skin and the ice.

○ **Medication**

- **Pain Medication-** Take medications as prescribed, but only as often as necessary. Avoid alcohol and driving if you are taking pain medication.
 - You have been provided a narcotic prescription postoperatively. Use this medication sparingly for moderate to severe pain.
 - **You are allowed two (2) refills of your narcotic prescription if necessary.**
 - When refilling pain medication, weaning down to a lower potency or non-narcotic prescription is recommended as soon as possible.

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- Extra strength Tylenol may be used for mild pain.
- Over the counter anti-inflammatories (Ibuprofen, Aleve, Motrin, etc.) should be **avoided** for the first 4 weeks following surgery.
- **Anti-coagulation medication:** A medication to prevent post-operative blood clots has been prescribed (Aspirin, Lovenox, etc.) This is the only medication that MUST be taken as prescribed until directed to stop by Dr. Forsythe.
- **Nausea Medication** – Zofran (Odansetron) has been prescribed for nausea. You may take this as needed per the prescription instructions.
- **Constipation Medication** - Colace has been prescribed for constipation. Both your pain medication and the anesthesia can cause constipation. Take this as needed.

❖ ACTIVITIES

- **Locking Knee Brace** – The brace is to be worn for up to 4-6 weeks following surgery. It will be locked straight until bone healing and good knee strength have been achieved (usually 5-6 weeks after surgery). At that time your doctor will determine if your leg has enough strength to allow your brace to be unlocked. You may unlock the brace while sitting but lock the brace before standing. Sleep with the brace on until directed by Dr. Forsythe.
- **Exercises** – These will help to prevent complications such as blood clotting in your legs. Point and flex your foot and wiggle your toes. Thigh muscle tightening exercises should begin the day of surgery and should be done for 10 to 15 minutes, 3 times a day, for the first few weeks after surgery.
- **CPM** – (Continuous Passive Motion Machine) – A Continuous Passive Motion (CPM) machine may be started the day **after** your surgery. This machine will be set at 30°. Motion on the machine should be increased at 10-15° per week. The machine should be used 6 hours per day (i.e. 2 hours in the morning, 2 hours in the afternoon and 2 hours in the evening).
 - **ROM Limitations**
 - 0-2 weeks 0-30 degrees
 - 2-4 weeks 0-90 degrees
 - 4-8 weeks 0-Full

DO NOT WEAR LEG BRACE OR COOLING DEVICE WHILE USING CPM MACHINE

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- **Weightbearing** – You are allowed to put full weight on your operative leg as tolerated. Keep your brace locked in a straight position. Walk using two crutches or a walker. Do this within the limits of pain.
- **Physical Therapy** – PT is usually started a 1-2 weeks after surgery. You should call the physical therapist of your choice for an appointment as soon as possible after surgery. A prescription for physical therapy, along with physical therapy instructions (included in this packet) must be taken to the therapist at your first visit.
- **Athletic Activities** – Athletic activities, such as swimming, bicycling, jogging, running and stop-and-go sports, **should be avoided** until allowed by your doctor.
- **Return to Work** – Return to work as soon as possible. Your ability to work depends on a number of factors – your level of discomfort and how much demand your job puts on your knees. If you have any questions, please call your doctor.
- **Bathing** - Tub bathing, swimming, and soaking of the knee **should be avoided** until allowed by your doctor - Usually 4-6 weeks after your surgery. Keep the dressing on, clean and dry for the first 3 days after surgery.
 - You may shower 3 days after surgery with **WATERPROOF** band-aids on. Apply new band-aids after showering.
- **Dressings** - Remove the dressing 3 days after surgery. Your stitches will be left in until about 1-2 weeks and will be removed and your post-op visit. You may apply band-aids to any small incisions around your knee and cover your larger incisions with sterile gauze or large band-aids. If you have steri-strips (small white band-aids) they can remain in place until your first office visit. Keep incision site clean and dry.
 - If you have a wound vac dressing, this will remain on for one week and will be removed at your post op visit.
- **Driving**
 - **Right knee surgery:** Driving is NOT permitted for the first 3-4 weeks following right knee surgery.
 - **Left knee surgery:** Driving is allowed when comfortable AND you are not taking narcotic pain medication.

❖ EATING

- Your first few meals, after surgery, should include light, easily digestible foods and plenty of liquids, since some people experience slight nausea as a temporary reaction to anesthesia.

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❖ CALL YOUR PHYSICIAN IF:

- Pain in your knee persists or worsens in the first few days after surgery.
- Excessive redness or drainage of cloudy or bloody material from the wounds (Clear red tinted fluid and some mild drainage should be expected). Drainage of any kind 5 days after surgery should be reported to the doctor.
- You have a temperature elevation greater than 101°
- You have pain, swelling or redness in your calf.
- You have numbness or weakness in your leg or foot.

❖ RETURN TO THE OFFICE

- Your first return to our office should be within the first 1-2 weeks after your surgery. You can find your appointment for this first post-operative visit in the post op instruction folder.

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REHABILITATION PROGRAM: Patellar Tendon Repair

NOTE: The following instructions are intended for your physical therapist and should be brought to your first physical therapy visit.

- **WB Status**
 - WBAT. Drop lock brace locked in extension for ambulation for 8 weeks.
- **ROM Limitations**
 - 0-2 weeks 0-30 degrees
 - 2-4 weeks 0-90 degrees
 - 4-8 weeks 0-Full
- **Restrictions**
 - No open-chain extension for 4 weeks
- **Special**
 - Drop-lock brace weeks 0-8
 - Okay to sit with knee bent @ 2 weeks post surgery
 - Avoid extension lag
 - Use E-Stim to facilitate quad as needed
 - Functional test performed @ 4 months post-op
- **Return to sport**
 - Patient's operated leg to equal 85% of non-operative leg as measured by functional test
- **Rehab**
 - Therapists – be creative with rehab program.
- Do not limit patient to ex's outlined in protocol; if within above parameters, it is okay to perform

Weeks 0-2

Goals

- Minimize Swelling
- Full knee extension
- PFJ mobility
- Quads 3/5

Clinic Exercises

- Patella mobilizations, all planes
- Heel slides/wall slides to 30 degrees

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- Quad sets, SLR all directions – use E-Stim as needed
- Hamstring stretches
- Foot/ankle mobility
- Ice/modalities PRN

Home Exercises

- Quad Sets/SLR
- Heel slides/wall slides to 30 degrees
- Hamstring stretches
- Hamstring isometrics
- Bilateral calf raises
- Foot/ankle mobility
- Routine ice

Weeks 2-4

Goals

- Eliminate swelling
- Maintain knee extension
- Knee flexion to 90 degrees
- Quads 3+/5
- Equal hamstring length
- Maintain PFJ mobility

Clinic Exercises

- Quad sets +/- biofeedback
- Multi-hip
- Bike-rocking limited to 90 degrees
- Elliptical
- Total gym/leg presses to 90
- Single leg stance exercises
- Leg curls
- Step ups & downs
- Partial squats

Home Exercises

- Quad Sets/SLR
- Bilateral semi-squats

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- Step-ups/step-downs
- Heel slides
- Bridges
- Hamstring tubing curls
- Hip ex's with tubing
- Single-leg calf raise
- Routine post-ex ice

Weeks 4-8

Goals

- Full ROM
- Normalize Gait Pattern
- Quad 4-/5

Clinic Exercises

- Same as 2-4, increase ROM to full
- Bike – Full rotation
- Elliptical
- Resistive equipment
- Proprioception: dynamic balance
- Scar massage
- Gait training

Months 2-4

Goals

- Full strength, ROM and endurance of affected limb
- Return to sport-specific drills and restricted training
- Return to jogging/running
- Return to sport when operated leg = 85% of non-operated leg on functional testing

Clinic Exercises

- Functional test 4 months
- Functional training
- Bike / stepper / treadmill / Profitter / Elliptical trainer
- Plyometrics +
- Proprioception

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Home Exercises

- As weeks 4-8
- Sport-specific ex, progressively sequenced