

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: Tibial Spine Reduction and Fixation

- ❖ 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

- **Range-of-Motion** – Move your knee through gentle range of motion as tolerated. Do not exceed 90 degrees of flexion until instructed. This must be done while sitting or lying down.
 - **Note:** If you underwent a meniscal repair, you may have range of motion restrictions.
- **Locking Knee Brace** – The brace is to be worn for 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 or driving but lock the brace before standing. Sleep with the brace on and locked straight until directed by Dr. Forsythe.
- **Exercises** – These will help 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.
- **Weightbearing** – You are allowed to put partial weight (toe touch weight bearing) on your operative leg using your brace in the **locked straight** position. Do this within the limits of pain. Two crutches should be used until directed to discontinue by Dr. Forsythe.
- **Physical Therapy** – **PT is usually started 2-3 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.
 - **Note:** If you underwent a meniscus repair, or if you have had multiple ACL reconstructions, you may not start PT immediately.

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- **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, your commute, and how much demand your job puts on your knees. If you have any questions, please call your doctor.
 - **Driving**
 - **Right knee surgery:** Driving is NOT permitted for the first 4-6 weeks.
 - **Left knee surgery:** Driving is allowed when comfortable AND you are not taking narcotic pain medication. Typically 1-2 weeks.

❖ WOUND CARE

- **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 the incision sites. Apply new band-aids after showering.
- **Dressings** - Remove the post op dressing 3 days after surgery. Your stitches will be left in until about your post op visit. You may apply band-aids to the small incisions around your knee. Keep the incisions clean and dry.

❖ 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.

❖ 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

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- Your first return to our office will likely be within the first 1-2 weeks after your surgery. You can find your appointment date and time for the first post-operative visit in this folder. Please call the office if the post op appointment needs to be changed. Saul- 708-236-2723.

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REHABILITATION PROGRAM: Tibial Spine Reduction and Fixation

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

❖ GENERAL GUIDELINES

- CPM may be used. Will be ordered if a meniscus repair was also performed.
- Supervised physical therapy takes place for 4-6 months.

❖ GENERAL PROGRESSION OF ACTIVITIES OF DAILY LIVING

- Sleep with brace locked in extension for 4 weeks.
- Driving: No driving until knee flexion at 90 degrees.
- Brace locked in extension until patient has achieved straight leg raise without a lag.
- Use of crutches for support. Brace for ambulation for 6 weeks post op.

0-4 Weeks:

TTWB (Toe Touch Weight Bearing) in brace in extension with crutches
Brace in extension for sleeping and during day time
No AROM, PROM of knee, isometrics only (small and fragile bone fragment)
Patellar Mobilization, Isometrics

4-8 Weeks:

Discontinue brace when quad strength adequate (at 6 weeks)
Achieve Full ROM by week 8 (CPM- Begin 0-30 degrees the progress as tolerated)
Begin Stationary Bike
Progress with closed chain exercises
Wall sits to 90 degree
Leg press 0-90 degrees
Proprioception exercises
Core stabilization

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8-16 Weeks:

- Lunges from 0-90 degrees
- Initiate Step-up followed by Step-Down Program
- Progress Strengthening exercises
- Emphasis on single-leg strengthening and balance
- Retrograde treadmill ambulation

>16 Weeks:

- Begin run/walk progression
- Agility drills
- Begin Plyometric program
- Sports specific exercise