

## **Post-op PATIENT Instructions: MPFL RECONSTRUCTION**

**Dressing:** A dressing has been applied to your knee to absorb any fluid/blood. A small amount of blood on the dressing is expected. Leaving the steri-strips on the skin, replace the covering gauze dressing daily with new dry, sterile gauze (obtained from your pharmacy). Unless directed by your surgeon, **no salves, balms, or ointments (even antibiotic ointments) to the incisions.** Soreness and bruising is expected for several days afterward.

**Showering (No bathtub):** is permitted 72 hours after surgery with the incisions covered. After showering, gently dry the incision and apply a new dry dressing. **Do NOT soak/submerge the incisions. No swimming/hot-tubs until cleared by your surgeon.**

**Ice:** Ice is a powerful anti-inflammatory. Icepacks/wraps will help to reduce swelling and pain. Use liberally (20-30 min./session), but remember to protect the skin from direct contact (and frostbite).

**Activity:** Crutches may be needed for the first several days after surgery. Unless specified otherwise you may bear **toe-touch weight** on your leg immediately. Foot and ankle motion (foot pumps) are encouraged and will help to reduce your chance of a blood clot. Additionally, tightening the thigh muscle and straight leg raises will assist your thigh muscle in returning its function faster. Bending the knee as soon as you are comfortable (unless otherwise restricted) is also encouraged. However, **no driving until permission is given by your surgeon.**

**Pain:** A nerve block has been performed for immediate post-op pain control by the anesthesiologist. It typically “wears off” at about 8-12 hrs. following surgery. A long-acting narcotic (every 12 hrs) used in combination with a shorter-acting narcotic (taken every 3-4hrs as needed for breakthrough pain) is given for your pain control. **Begin taking these pain medications when you BEGIN experiencing pain!** These meds can take 30-45 minutes to start “working”. You do not want to play “catch-up” by letting your pain get out of control. Nausea, drowsiness, and constipation are common side effects of narcotics. Adequate fluid intake and a stool softener obtained over the counter from your local pharmacy is recommended to minimize constipation. Call the office if you are unable to tolerate your medication.

**Precautions:** If you develop temperatures above 101.5°F (38.5°C), uncontrolled pain, marked redness, persistent/discharged drainage, or significant swelling. Call the office **(813)-684-2663**

**Follow-up:** If you do not already have an appointment scheduled, call the office as soon as possible to schedule your first post-op visit.

**Special Instructions:** \_\_\_\_\_ (Additionally, follow any indicated instructions below.)

**Physical therapy:**  per attached prescription; to be scheduled as soon as able

**Weightbearing (operative leg):**  foot-flat (toe touching ground without weight)

**Brace:** locked in full extension when weightbearing & during night



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**Continuous Passive Motion (CPM) Machine:** Begin 0-60 deg. For 8hrs/day; advance 5-10 deg/day

**TIBIAL TUBERCLE OSTEOTOMY & MPFL RECONSTRUCTION:**  
**PT/OT PRESCRIPTION**

(Revised 11.23.15)

**MD Orders for the Therapist:**

- Physical Therapy Prescription: 2-3 times per week x 6 weeks
- Follow this protocol without substitution. Contact my office with any questions.

Christopher T. Donaldson, MD

**WEEKS: 0-2: SWELLING CONTROL/MOTION**

- Compressive dressing for edema control
- **Weightbearing/Crutches:**
  - Foot Flat, Partial Weight bearing x 2 weeks
  - Full WBAT over next 2-4 weeks
  - D/C crutches at 6 weeks or when patient demonstrates normal gait.
- **ROM**
  - Immediate motion exercise day 1
  - Full passive knee extension immediately
  - Passive knee flexion ROM at least 2-3 times daily as tolerated
  - Stationary bike ( no resistance) ½ revolutions (at appropriate height)
  - Stretch hamstrings and gastroc
- **CPM:**
  - Initiate CPM day 1 for total of 8-12 h/d (0°-60°)
  - Progress CPM ROM as tolerated 5°-10° per day
  - May continue CPM for total of 6-8 h/d for up to 6 wk
- **Neuromuscular Control/Strengthening:**
  - Quad Sets: prone/supine
  - SLR: multiple planes
- **Brace:**
  - Locked at 0° during weight-bearing (WB) activities
  - Locked in full extension at night for sleeping
  - ROM limits: (Week 0-2) unlocked 0°-60° degrees
  - Progress 30°/week (Goal: 120 degrees @ 4 weeks)
  - Sleep in locked brace for 2-4 wk
- **Goals to Progress to Next Phase:**
  - Full passive knee extension
  - Gradual improvement in knee flexion (~120°)
  - Good quad set
  - 20 SLR with no extensor lag
  - No exacerbation with PWB
- **(Only when stitches out and inc. completely healed!)** Pool may be initiated per WB guidelines
  - (chest level = 25% BW)

**PHASE 2: WEEKS: 2-6**

- **Goals:**
  - Gradually increase ROM
  - Gradually improve quadriceps strength/endurance
  - Gradual and progressive Progress to full weight bearing
  - Gradual increase in functional activities
  - Brace
    - Discontinue brace at week 6
  - WB
    - Progress WB as tolerated
- **ROM**
  - Gradual increase in ROM
  - Maintain full passive knee extension
  - Progress knee flexion to 125°-135° by week 8
  - Continue patellar mobilization and soft tissue mobilization, as needed
  - Continue stretching program
  - Stationary bike (no resistance), full revolutions.
- **Strengthening exercises**
  - Progress WB exercises
  - Initiate weight shifts week 6
  - Toe-calf raises week 6
  - Progress balance and proprioception drills
  - Progress with stationary bicycle once have full ROM
    - Low resistance (gradually increase time)
  - Continue use of electrical muscle stimulation and or biofeedback as needed
  - Continue use of pool for gait training and exercise
- **Functional activities**
  - As pain and swelling (symptoms) diminish, the patient may gradually increase functional activities (i.e. stairs, mini lunges, dynamic balance, etc)
  - Gradually increase standing and walking
- **Criteria to progress to phase 3**
  - Full ROM
  - No antalgic gait without use of assistive device
  - Good quad set
  - No exacerbation with FWB and WB exercises
  - No reactive effusion
  - Able to stand on single-leg with moderate-good balance
  - Able to walk 1- 2mi or bike for 30 min
- **PHASE 3: WEEKS: 7-12**
- **Goals:**
  - Gradually increase ROM
  - Gradually improve quadriceps strength/endurance
  - Gradual increase in functional activities
- **ROM**
  - Gradual increase in ROM

- Maintain full passive knee extension
- Progress knee flexion to terminal endpoints if not already gained.
- Continue patellar mobilization and soft tissue mobilization, as needed
- Continue stretching program
- Stationary bike (no resistance), full revolutions.
- **Strengthening exercises**
  - Leg press at weeks 7-8
  - Mini-squats 0°-45° week 8
  - Progress balance and proprioception drills
  - Initiate front lunges, wall squats, front and lateral step-ups at weeks 8-10
  - Progress with stationary bicycle; low resistance (gradually increase time)
  - Treadmill walking program at weeks 10-12
  - Continue use of electrical muscle stimulation and or biofeedback as needed
  - Continue use of pool for gait training and exercise

#### **PHASE 4: MONTHS 3 – 6:**

##### **Goals**

- Improve muscular strength and endurance
- Increase functional activities (i.e. walking on different ground, swimming, cycling)
- Aqua jogging (progress from NWB to chest level, to waist level, etc)
- **ROM**
  - Patient should exhibit 135°-145° flexion
- **Strengthening exercises /Exercise program**
  - Leg press (0°-90°)
  - Bilateral squats (0°-60°)
  - Unilateral step-ups, progressing from 5 to 20 cm
  - Forward lunges
  - Walking program
  - Bicycle, Stairmaster, Swimming, Nordic-Trak/elliptical
- **Maintenance program**
  - Initiate at weeks 16-20
  - Bicycle: low resistance, increase time
  - Progressive walking program
  - Pool exercises for entire lower extremity
  - SLR, Leg press, Wall squats
  - Hip abduction / adduction
  - Front lunges
  - Step-ups
  - Stretch quadriceps, hamstrings, calf
- **Functional activities**
  - As patient improves, increase walking (distance, cadence, incline, etc)