

Post-op PATIENT Instructions: QUAD/PATELLAR TENDON REPAIR

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/lake or saltwater 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. Foot and ankle motion (foot pumps) are encouraged and will help to reduce your chance of a blood clot. Additionally, tightening the thigh muscle will assist your thigh muscle in returning its function faster. However, **no driving until permission is given by your surgeon.**

Pain: A nerve block may have been performed for immediate post-op pain control by the anesthesiologist. It typically “wears off” at about 8-12 hrs. after surgery. A 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: Call the office **(813) 684-2663** if you develop: temperatures >101°F, shortness of breath, chest pain, uncontrolled pain, marked redness/hives, persistent drainage, new onset numbness, significant incisional/calf swelling, or any other concerns. **Post-operative Appt: Call (813) 684-2663 today to make a post-operative appointment to see your surgeon 10-14 days following your surgery.**

For **MILD** pain; Take **OVER THE COUNTER** medications:

- Tylenol (acetaminophen; 650mg tabs): Take 1 tab by mouth every 6hrs. as needed for pain
 - Aleve (naproxen; 220mg tabs): Take 2 tabs by mouth every 12hrs WITH FOOD as needed for pain
- *Stop if stomach upset/abnormal bleeding occurs; DO NOT TAKE with ANY blood thinners (or aspirin)***

For **MODERATE to SEVERE PAIN**; Take the **PRESCRIPTION** medication:

- Oxycodone (5mg tablets): Take 1-2 tabs by mouth every 4-6hours as needed for pain

Special Instructions: _____ (Additionally, follow any indicated instructions below.)

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

Weightbearing: as tolerated with brace locked straight (extension) **Brace:** locked in full extension

Additional Instructions:

PT/OT PRESCRIPTION:

(PATIENT NAME)

Diagnosis: s/p LEFT / RIGHT Quadriceps / Patellar Tendon Repair _____

Graft: _____

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

OPERATIVE INFORMATION:

- ***Intra-operative Knee Range of Motion (ROM):*** (0-_____°).
- Trans-patellar sutures were tied with the knee in (0°) full extension.
- Relaxing sutures were tied at 30° flexion to take off stress in repair from 0-60° flexion.
- Retinacular repairs were closed with interrupted mattress stitches of #1 Vicryl.

PATIENT/THERAPIST INSTRUCTIONS:

- Acceptable knee range of motion (ROM) was tested in the OR and drives post-op ROM.
- Crutches/cane/walker may be used to assist with ambulation.

PHASE I: (Day:0-7): Edema Control/Healing Phase:

- Elevate the leg for swelling/edema control for 48 hrs.
- **Ice:** Apply to leg in 20 minute session (20 minutes-**ON**, 20 minute-**OFF**).
 - Protect the skin from frostbite, especially after regional anesthesia/blocks.
- **Dressings:** Change the dressing beginning on post-op day (POD) #2
 - Change to a dry, sterile dressing daily thereafter until spotting stops
- **Brace:** Worn locked in extension 7 days to promote wound healing
 - When the dressing is dry and changes are stopped → **progress to Phase II.**
 - (CPM is **NOT** used as a component of this protocol.)
- **Weightbearing:** As tolerated with the brace locked in extension (0°) is permitted.
 - Straight leg raise (SLR) in brace locked in extension is permitted.

PHASE II: (Approx. POD#7→6 weeks): Early Range of Motion Phase:

- **Ice:** Continue as above when able.
- **Brace:** Unlock brace from 0-60°
 - Begin daily range of motion within limits (0-60°) of knee flexion in brace.
- **Weightbearing:** As tolerated with the brace locked in extension (0°) is permitted.
 - Straight leg raise (SLR) in brace locked in extension is permitted.

PHASE III: (6 weeks-3months): Terminal Range of Motion Phase:

- **Brace:** *If good quad control* → discharge brace, begin brace-free ambulation

- Begin active ROM to push for full, pain-free active knee flexion
- Goal: Increase motion by 10-15° per week
- Weightbearing: Begin weightbearing as tolerated **without** brace
- Physical Therapy: Terminal flexion stretches; Quad strength.; Balance; proprioception.