



ORTHOPEDIC PARTNERS

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MPFL Reconstruction

Patient Discharge Instructions

Pain Control and Ice

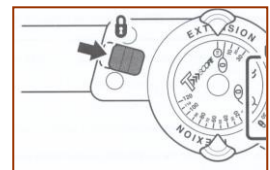
- For patients who received a regional pain block, the block lasts an average of 12-24 hours.
- An oral pain medication prescription will be provided prior to discharge.
- You may take the prescribed medication as directed.
 - 1) Should you become constipated while taking the narcotic then you can take an over-the-counter stool softener for relief
- You should expect to experience moderate knee discomfort for several days and even weeks following the surgery.
- Also expected is significant swelling and bruising of the knee. The majority of the swelling may be located to the outside of the knee. The bruising may extend to the foot
- Ice bags and elevation should be utilized to decrease swelling and pain. Ice should be applied to the knee up to three times a day for 20 minutes until swelling subsides

Wound Care

- If there is bleeding through the bandage, reinforce it with additional dressings for the first 48 hours.
- After 48 hours, remove the bandage. If the incisions are dry (no active bleeding) then you may leave the knee uncovered without a dressing. If the knee is still bleeding, place new sterile dressings over the incisions and change after an additional 24 hours
- Do not remove the steristrips, they will fall off on their own
- Showering is acceptable after 48 hours. You may get the wounds wet but do NOT scrub the incision sites.
- Conduct daily inspections of the knee wound. There should be no drainage from the incisions.
- Do not submerge or scrub the knee
- You should expect some regional skin numbness as this is a normal result of making a skin incision.

Bracing

- The hinged knee brace should remain **locked** with the knee fully extended following surgery
 - 1) After the first day, you may unlock the brace which will allow you to bend and straighten your knee
 - The brace is set to allow a certain amount of flexion
 - You can bend your knee to 30* of flexion and advance 10* weekly while **NON-WEIGHTBEARING**
 - 2) You may remove the brace to shower and bathe but do **NOT** bend your leg. Keep it straight at all times while bathing.
 - 3) At night, please keep the brace locked at 0° of extension
- Unlock brace by sliding locking bar away from brace hinge (see picture).



Rehabilitation/ General Post-op Care

- You will be able to put as much weight as tolerated on your leg utilizing crutches.
 - 1) You may bear weight with the knee **locked in extension**
- Start physical therapy during the first post-op week. Please call for an appointment
- **Take one 325 mg (full strength) Aspirin daily for 21 days** (unless otherwise instructed or allergic) to prevent blood clots.
- Your first post-op appointment is 10-14 days following surgery. This is usually scheduled at your pre-operative visit. If not, then please call the office to schedule
- You may drive once you establish control of your operative extremity. This will take a couple of weeks. You may not drive under influence of pain medication.

Important Notes

- Peri-incisional numbness should be expected after any skin incision.
- If you should experience the onset of calf pain during the post-operative period, please call our office or head to your local emergency room as this may be a sign of a blood clot. If you should experience shortness of breath or trouble breathing, call 911 and go directly to the Hospital.
- Should you notice any developing redness, significant warmth, or increased drainage from the wound, then please contact the office immediately

Early Post-Operative Exercises

Start the following exercises as soon as you are able. You can begin these in the recovery room shortly after surgery. You may feel uncomfortable at first, but these exercises will speed your recovery and actually diminish your post-operative pain.

Repetitions per set: 20

Sets of each exercise: 3

Sets per day: 3

Quad Sets - Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds.



Straight Leg Raises - Tighten the thigh muscle with your knee fully straightened on the bed, as with the Quad set. Lift your leg several inches. Hold for 5 to 10 seconds. Slowly lower.



Ankle Pumps - Move your foot up and down rhythmically by contracting the calf and shin muscles. Perform this exercise periodically for 2 to 3 minutes, 2-3x an hour in the recovery room. Continue this exercise until you are fully recovered and all ankle and lower-leg swelling has subsided.



Knee Straightening Exercises - Place a small rolled towel just above your heel so that it is not touching the bed. Tighten your thigh. Try to fully straighten your knee and to touch the back of your knee to the bed. Hold fully straightened for five to 10 seconds.

Jonathan R. Puposar, MD

MPFL Repair Physical Therapy Protocol

Phase 1 (Weeks 0-4):

Goals: Minimize effusion, Progress range of motion, Utilize brace

Treatment plan:

- 1) Progress range of motion to the maximum allowable knee brace settings
- 2) Swelling control with ice and compression wrap
- 3) Brace in place and locked in extension with all ambulation
- 4) Initiate quadriceps and hamstring muscle activation and general leg control
 - Quad setting, heel slides, isometric hamstring/quadriceps contraction
 - Ankle pumps
- 5) WBAT with crutches

Phase 2 (Weeks 4-8):

Goals: Full knee ROM in extension and flexion, progress quadriceps/hamstring strengthening, independent mobility

Treatment plan:

- 1) Continue with swelling control
- 2) 90* flexion goal around 6-8 weeks
- 3) PRE (go easy with direct quadriceps strengthening until 6 weeks post-op)
- 4) Continue brace locked in extension with all ambulation until post-op week 6
 - a. Plan for brace discontinuation around week 8 if quad strength has returned

Phase 3 (Weeks 8+):

Goals: Full lower extremity strengthening program

Treatment plan:

- 1) Progress CKC strengthening
- 2) Full ROM