

INSTRUCTIONS FOR SURGERY

In order to make your admission and hospital stay smooth and more pleasant, please comply with the following instructions:

☐ If your surgery is on **MONDAY**, please report to:

NYU Hospital for Joint Diseases
301 East 17th Street
New York, NY 10003

If indicated by your physician, schedule your pre-surgical testing, located at

303 2nd Avenue, 1st Floor Suite 16
New York, NY 10003

☐ If your surgery is on **FRIDAY**, please report to:

NYU Langone Outpatient Surgery Center
339 East 38th Street
New York, NY 10016

If indicated by your physician, please call 212-263-5985 to schedule your pre-surgical testing, located at

240 East 38th St.
New York, NY 10016
Mezzanine Level

***One business day prior to your surgery, hospital staff will contact you to finalize your surgery time.**

- A. Bring jogging/warm-up pants, shorts/skirt if having knee surgery.
- B. Bring a shirt/blouse that buttons open in front instead of a pullover if having shoulder/elbow surgery.
- C. If you own crutches, bring them with you, if having knee, ankle or hip surgery.
- D. Bring all medications or a list of current medications you are taking with you. Also bring a list of any allergies.
- E. Blood pressure medication should be taken as usual with a sip of water the morning of surgery. **DO NOT** take a diuretic or fluid pill. Seizure medications may be taken before surgery.
- F. **DO NOT** take oral diabetes medications (pills) the night before or the day of surgery. If you are on insulin, **DO NOT** use insulin the morning of surgery unless you are a "problem diabetic" in which case you need to consult your physician regarding the proper insulin dose for you to use prior to surgery.

Center for Musculoskeletal Care 333 E. 38th St, New York, NY 10016
Tel: (646) 501-7223/ Fax: (646) 754-9505 / www.NewYorkOrtho.com



- G. Please **DO NOT** wear makeup or nail polish the day of surgery. You will need to remove contact lens (including extended wear), denture, or bridges prior to surgery. Please bring your own containers for storage.
- H. Leave all jewelry and valuables at home. The hospital will not take responsibility for lost or missing items.
- I. You need to report any skin irritation, fever, cold, etc., to Dr. Jazrawi.
- J. You will need to bring your insurance card/information with you.
- K. DO NOT eat, drink (including water), chew gum, candy, smoke cigarettes, cigars, use smokeless tobacco, etc., after midnight the night before surgery or the morning of your surgery. The only exception is a sip of water to take necessary medications the morning of surgery.
- L. You must arrange someone to drive you home when ready to leave the hospital. You will not be allowed to drive yourself home after surgery. We can assist you if you need transportation to the airport or hotel, however, you need to let us know in advance (if possible) so we can make the arrangement.
- M. NOTE: DO NOT take any aspirin, aspirin products, anti-inflammatories, Coumadin or Plavix at least 5 days prior to surgery. You are allowed to take Celebrex up to your day of surgery. If your medical doctor or cardiologist has you on any of the above medications. Please check with him/her before discontinuing the medication. You may also take Tylenol or Extra-Strength Tylenol if needed.

Nonsteroidal Anti-Inflammatory (Arthritis) Medications:

Some of the most common names for frequently used NSAID's include: Motrin, Indocin, Nalfon, Naprosyn, Naprelan, Arthrotec, Tolectin, Feledene, Voltaren, Clinoril, Dolobid, Lodine, Relafen, Daypro, Advil, Aleve, Ibuprofen.

Your first follow up appointment is usually scheduled for approximately 2 weeks after your surgery at the 333 East 38th street office. The date and time of your follow-up is _____.

If you cannot make this appointment or need to change the time, please contact the office.

If you have any questions regarding your surgery, please contact the office at 646-501-7223 option 4, option 2 or via the internet at www.newyorkortho.com

Home Supplies For Your Surgery

Laith M. Jazrawi M.D.

Open Surgery

- A. **Open knee surgery** (ACL reconstructions, ALL (Anterolateral ligament) reconstructions, Autologous Chondrocyte Implantation, PCL reconstructions, High tibial osteotomy, Distal femoral osteotomy, Posterolateral corner reconstruction, MCL reconstruction, OATS (osteochondral autograft), Osteochondral allograft)
 - a. You will need 4x4 (or similar size) waterproof bandages for fourteen days. **Bandage changes for open knee surgery done post-op day #3.**
- B. **Open shoulder surgery**, (Biceps Tenodeis, Latarjet, Open capsulorrhaphy, Glenoid reconstruction using Distal tibial allograft):
 - a. You will need 4x4 (or similar size) waterproof bandages for fourteen days. Also, a box of **Bandage changes for open shoulder surgery are done post-op day #3.**
- C. **Open Ankle Surgery** (Achilles Tendon Repair, Os Trigonum Excision, Ankle OCD, Modified Brostrom-Gould Procedure, Peroneus Longus/Brevis Repair)- You do not have to worry about dressing changes as your leg will be in splint/cast for the first two weeks
- D. **Open Elbow surgery** (Distal Biceps Repair, LCL Reconstruction, Radial Head or Capitellum ORIF, Radial Head Replacement/Resection, Triceps Repair, UCL Reconstruction – Tommy John Surgery)- You do not have to worry about dressing changes as your arm will be in splint/cast for the first two weeks. **For Tennis Elbow surgery (lateral epicondylitis) and Golfer's Elbow Surgery (medial epicondylitis), dressing changes are started on post-op day #3.** You will need 4x4 (or similar size) waterproof bandages for fourteen days.
- E. **Hamstring repair** You will have a special dressing placed on at the time of surgery that will be kept on for the first 2 weeks after surgery. You will then need 4x4 (or similar size) Tegaderm or Telfa waterproof dressings. Also, a box of 4" by 4" gauze sponges if there is bleeding at the incision site.

Arthroscopic Surgery

- A. For Arthroscopic shoulder, elbow, knee, or ankle surgery:
 - a. Regular adhesive bandages ("Band-aids") can be used for arthroscopic portals x 2 weeks.
 - b. **If biceps tenodesis was performed, use 4x4 (or similar size) waterproof bandages on wounds.**
 - c. **In general, dressing changes for arthroscopy are done on post operative day 3**

Post-Operative Medication Administration

Knee Arthroscopy

- Pain- Motrin 800mg. 1 tab three times daily, as needed
- Adjunctive pain: Percocet (Oxycodone/Acetaminophen) 10/325; One tab every 6 hours as needed for adjunctive pain

Meniscal Repair, Meniscal Root Repair

- Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.
- Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT prophylaxis- Aspirin 81mg; 2 tabs daily x 14 days
- ***** Aspirin starts post-operative day #1

Knee Ligament Reconstruction

- Pain- Percocet (Oxycodone/Acetaminophen) 10/325; One tab every 6 hours as needed.
- Breakthrough Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days
 - Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.
- Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT prophylaxis- Aspirin 81mg; 2 tabs daily x 14 days
- *****Antibiotics and Aspirin start post-operative day #1

Non-weight bearing Lower Extremity Surgery (Distal Femoral Osteotomy, High Tibial Osteotomy, Tibial Tubercle Osteotomy, Cartilage Transplant)

- Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days
 - Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.
- Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.
- Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT prophylaxis- Aspirin 81mg; 2 tabs daily x 14 days
- *****Antibiotics and Aspirin start post-operative day #1

Shoulder/Elbow Surgery

- Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days
 - Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.
- Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.
- Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT Prophylaxis - Aspirin 81mg; 2 tabs daily x 14 days

Ankle fracture surgery & Achilles Tendon Surgery

- Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days
 - Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.
- Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.
- Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT Prophylaxis - Aspirin 81mg; 2 tabs daily x 14 days
- ****Antibiotics and Aspirin start POD #1

Ankle arthroscopy +/- Microfracture and Achilles repair

- Pain- Percocet (Oxycodone/Acetaminophen) 10/325; One tab every 6 hours as needed.
- DVT Prophylaxis - Aspirin 81mg; 2 tabs daily x 14 days
- ****Aspirin starts post-operative day #1

Hamstring repair

- Antibiotic – Keflex 500mg; One tab 4 times daily x 4 days
 - Keflex allergy – Clindamycin 300mg; One tab twice daily x 7days.
- Pain- Percocet (Oxycodone/Acetaminophen)10/325; One tab every 6 hours as needed.
- Adjunctive Pain – Dilaudid (Hydromorphone) 2mg; 2-3 tabs every 8 hours as needed for adjunctive pain.
- Constipation – Docusate (Colace) 100mg; 1 tab twice daily as needed.
- DVT Prophylaxis - Aspirin 81mg; 2 tabs daily x 14 days
- ****Antibiotics and Aspirin start POD #1

Post-Operative Instructions **ACL + MCL + PCL Reconstruction**

Day of surgery

- A. Diet as tolerated
- B. Icing is important for the first 5-7 days post-op. While the post-op dressing is in place, icing should be done continuously. Once the dressing is removed on the third postoperative day, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite. Alternatively, Cryocuff or Game-ready ice cuff can be used as per instructions.

You will be contacted by Gotham surgical brace company regarding an ice compression unit to be used after surgery. This helps with pain and swelling but typically is not covered by insurance. The cost is \$200-300 for a 2-week rental. Alternatively, ice gel packs with a shoulder or knee sleeve can be provided by the hospital for a minimal charge.

Video instructions for your brace can be found at <https://www.youtube.com/watch?v=jyRZkSyFBOQ>

- C. Pain medication as needed every 4-6 hours (refer to pain medication sheet).
- D. Make sure you have a physical therapy post-op appointment scheduled during the first week after surgery.

First Post-Operative Day

- A. Continue icing
- B. Pain medication as needed.

Second Post-Operative Day Until Return Visit

- A. Continue ice pack as needed.
- B. Unless otherwise noted, you can bear as much weight on the affected leg as you can tolerate. Most patients use crutches for the first 2-3 weeks.
- C. Call our office @ 646-501-7223 option 4, option 2 to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery if you have not been given a time. If you are experiencing any problems, please call our office or contact us via the internet at www.newyorkortho.com.

Third Post-Operative Day

- A. You may remove surgical bandage and shower this evening. Apply 4x4 (or similar size) waterproof bandage to these wounds prior to showering and when showering is complete apply fresh waterproof bandage. Please ensure that the bandage is large enough to completely cover the incision. You will need to follow this routine for 2 weeks after surgery.

4 months Post-op

- A. Please call the number below to schedule a custom knee brace fitting. This functional knee brace shall be worn for 1 year after returning to sports.

Park Avenue Orthotics, Inc.
155 E 55th St., Suite 200
New York, NY 10022
Phone: (212) 297-0362
Fax: (212) 697-3697



Dr. Laith M. Jazrawi

Chief, Division of Sports Medicine
Associate Professor Department of Orthopaedic Surgery

Rehabilitation Guidelines for Knee Multi-ligament Repair/Reconstruction

The knee joint is comprised of an articulation of three bones: the femur (thigh bone), tibia (shin bone), and patella (knee cap). The femur has a medial (inside) and a lateral (outside) condyle that forms a radial or rounded bottom that comes together, forming a trochlear groove for the patella to move. The medial and lateral condyle sit on top of the tibia, which has a flat surface called the tibial plateau.

The knee also is comprised of two menisci, which are fibro-cartilaginous structures and each meniscus is thinner towards the center of the knee and thicker toward the periphery of the knee, giving it a wedge shaped appearance.

The medial meniscus forms a “c” shape and is located between the medial femoral condyle and the medial aspect of the tibia. The lateral meniscus forms an oval shape and is located between the lateral femoral condyle and the lateral aspect of the tibia. The menisci act to improve stability between the tibia and the femur secondary to its wedge shape that acts to limit translation.

The knee also has four major ligaments, which connect bone to bone and provide stability to the joint. These ligaments are termed the medial collateral ligament (MCL) (Figure 1a), lateral collateral ligament (LCL) (Figure 1b), anterior cruciate ligament (ACL) (Figure 2a), and posterior cruciate ligament (PCL) (Figure 2b). The MCL connects the femur and tibia medially (on the inside) and resists valgus (knee buckling in) knee motion.

A common mechanism of injury to the MCL occurs when a force is applied to the outer knee while the foot is planted, causing the knee to move inward. The LCL connects the femur and the fibula laterally (on the outside) and resists varus (knee buckling out) knee motion.

Figure 1 a

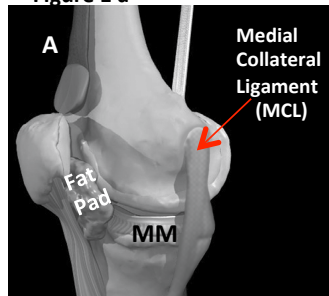


Figure 1 b

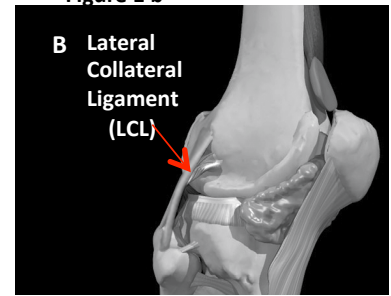


Figure 2 a

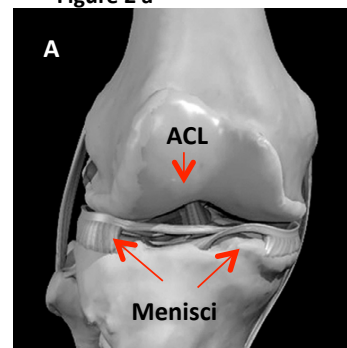


Figure 2 b

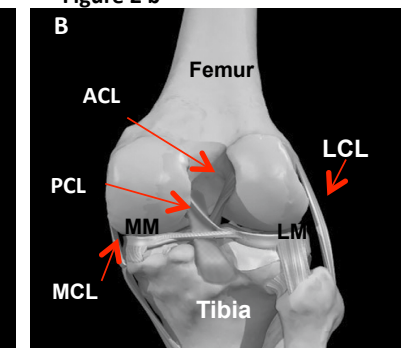


Figure 1 a: Medial or inner view of the knee showing the medial collateral ligament, **b:** Lateral or outer view of the knee showing the lateral collateral ligament. **Figure 2 a:** Anterior or front view of the knee showing the anterior cruciate ligament (ACL), **b:** Posterior or back view of the knee showing the posterior cruciate (PCL)

Rehabilitation Guidelines for Knee Multi-ligament Repair/Reconstruction

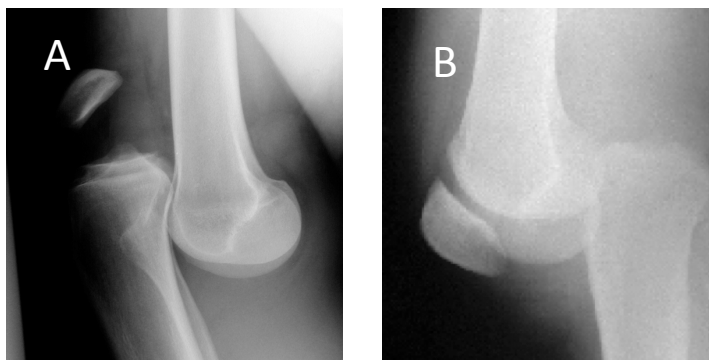


Figure 3 – a: Radiograph showing an example of anterior knee dislocation, **b:** Radiograph showing an example of posterior knee dislocation

A common mechanism of injury to the LCL occurs when a force is applied to the inner knee while the foot is planted, causing the knee to move outward. The ACL and PCL attach the tibia and femur deep inside the knee joint and cross one another like guide wires. The ACL restrains the tibia from moving forward and rotating excessively on the femur. Most ACL injuries occur without contact, most commonly when an individual plants their foot and changes direction while participating in sports. The PCL resists the tibia from moving back excessively on the femur. PCL injuries most commonly occur when an anterior force is applied on the tibia such as when the lower leg hits the dashboard of a car during a car accident or landing on the knee with the knee flexed approximately 90 degrees.

Ligamentous injuries are termed sprains and are graded based on the severity of the injury. A grade 1 ligament sprain is a minimal injury with little to no increase in laxity to the ligament whereas a grade 3 sprain is a complete rupture to the ligament. Knee injuries that involve one of the four ligaments are somewhat common. Injuring two or more of the four major knee ligaments is uncommon and usually occurs as a result of a high energy trauma such as an automobile accident, fall or a significant sports injury. When two or more of the ligaments are ruptured the tibia and

the femur may lose contact from one another and spontaneously come apart or dislocate. A knee dislocation between the femur and the tibia is named by the direction the tibia is orientated from the femur in a dislocated position. Secondary injuries such as nerve damage and or vascular injury are common following a knee dislocation. (1) Often the vascular or nerve injuries require emergency attention to save the limb or possibly the individual's life. Once the knee is evaluated and secondary injuries, if any, are repaired, the initial treatment of the multi-ligament injuries includes immobilization, which is followed by continued evaluation and diagnostic testing to determine the extent of the ligament damage. Treatment options include surgical and non-surgical approaches to care. Treatment decisions often are made based on each individual's pre-injury function and the extent of the ligament damage. Recent studies have suggested patients receiving operative treatment have improved functional outcomes when compared with non-operative treatment. (2) The timing of surgery is critical with evidence that shows if surgery is done immediately following the injury.

following the injury, an individual may experience increased post-operative stiffness and scarring. (3) Research has shown that outcomes of multi-ligament reconstruction are best when the surgery is done within 3 weeks from injury after the patient can reduce the swelling from the initial injury. Surgery will vary depending on the extent of the ligament damage and the specific ligament(s) involved. If the ligament is avulsed from the bone (pulled off the bone) then the surgeon may be able to perform a primary repair of attaching the ligament back to the bone. When a ligament is ruptured it often has to be reconstructed, which means replacing the ligament with other tissue. This can be done by using an autograft (donor tissue from an injured person) or an allograft (donor tissue from a cadaver).

Rehabilitation following multi-ligament reconstruction is vital to regaining motion, strength and function. Initially after surgery the knee is braced and individuals use crutches with minimal to no weight bearing for the first 6 weeks. Gradually more weight bearing and mobility is allowed to prevent stiffness post-operatively. The rehabilitation will slowly progress into strengthening, gait and balancing activities. The UW Health sports rehabilitation guidelines are presented in a criterion based progression. General time frames refer to the usual pace of rehabilitation. However, individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions and precautions may also be given to enhance wound healing and to protect the surgical repair/reconstruction.

Rehabilitation Guidelines for Knee Multi-ligament Repair/Reconstruction

Phase I (Post-op Day 1 to 1 week after surgery)

Precautions	Brace ROM: locked in full extension Weight bearing/ROM: touch down, weight bearing
Range of Motion Exercises	Weight bearing/ROM: Touch down, weight bearing then proceed to as tolerated by patient
Therapeutic Exercises	Quad Sets Ankle pumps Cryotherapy device Elevation Heel slides Seated flexion Prone flexion Wear knee brace for at least six weeks after post op

Phase II (2 week to 5 week after surgery)

Precautions	Brace ROM: locked in full extension Weight bearing/ROM: touch down, weight bearing
Range of Motion Exercises	Weight bearing/ROM: Touch down, weight bearing then proceed to as tolerated by patient
Therapeutic Exercises	Week 2-3 : straight leg raises with no weight Week 4-5: straight leg raises with 1 lbs. of weight Should have 90 degrees of flexion

Phase III (6 week to 12 week after surgery)

Precautions	Brace ROM: discontinue brace when quadriceps strengthening allows, neoprene sleeve with alteral buttress optional
Range of Motion Exercises	Weight bearing/ROM: full;; should have normal ROM
Therapeutic Exercises	Week 6-7: start stationary bike Weeks 8-12: continue stationary bike Start shuttle jumps at week 12 Treadmill Isotonic leg press Toe press Leg curl Stool scooter

Rehabilitation Guidelines for Knee Multi-ligament Repair/Reconstruction

Phase IV (3 months to 6 months following surgery)

Range of Motion Exercises	Brace ROM: Full; no brace Weight bearing: full
Therapeutic Exercises	Initiate progressive jogging program Advance to cutting and sport-specific drills Return to regular sports if cleared by MD

References

1. Rihn, Groff, Harner, Cha. The acutely dislocated knee: Evaluation and Management. J Am Acad Orthop Surg 2004; 334-346.
2. Levy et. Al. Decision Making in the Multiligament-Injured Knee: Evidence- based Systematic Review Jour of Arthroscopic and Related Surgery April 2009 430-38.
3. Jari, shelbourne. Nonoperative or delayed surgical treatment of combined cruciate ligaments and medial side knee injuries Sports Med Arthrosc Rev 2001:185-192.



Rehabilitation Protocol: ACL, MCL and PCL Reconstruction

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____



EARLY PHASE (Weeks 0-4)

- **Weight Bearing and Range of Motion**
 - 0-6 weeks: toe-touch weight bearing w/ crutches
 - ROM: A/AAROM 0-90° as tolerated
- **Brace Use:**
 - Locked in full extension at all times other than PT
- **Therapeutic Elements:**
 - Modalities as needed
 - Patella Mob; SLR's with electric stim.; co-contractions, prone hangs
 - Estim; Cocontractions
 - *No abduction of hip or leg at any time.*
 - *No prone hangs if PCL reconstruction!!*
- **Goals:**
 - a/aa/ROM: 0-0-90
 - Control pain/swelling
 - Quad control

RECOVERY PHASE (Weeks 5-8)

- **Weight Bearing and Range of Motion:**
 - Discontinue crutches at week 6
- **Brace Use:**
 - At all times, open to AROM; discontinue at week 8
- **Therapeutic Elements:**
 - Continue above
 - Gentle hip abduction with no resistance below knee
 - Wall-sits 0-45
 - Mini-squats with support 0-45
 - Carpet drags (not with PCL reconstruction!!)
 - Pool therapy
 - Treadmill walking by 8 weeks
- **Goals:**
 - a/aa/ROM: 0-0-110 by 6 weeks and free by 8 weeks
 - SLR x 30
 - No effusion



STRENGTHEN PHASE (Weeks 8-12)

- **Weight Bearing and Range of Motion:**
 - Full
- **Therapeutic Elements:**
 - Continue above with increased resistance
 - Step-downs
 - Treadmill
 - Stretching



- Begin prone hangs and HSL (if PCL reconstruction)
- **Goals:**
 - Walk 1-2 miles at 15 min/mile pace



REINTEGRATION PHASE (Months 3-5)

- **Weight Bearing and Range of Motion:**
 - Full
- **Brace Use:**
 - None
 - If return to sport, fitting for custom brace by 5 months
 - **Can start jogging/running at 6 months**
- **Therapeutic Elements:**
 - Slide boards
 - Begin agility drills
 - Figure 8's
 - Gentle loops
 - Large zig-zags
 - Swimming
 - Begin plyometrics at 4 months
- **Goals:**
 - Treadmill (walk 1-2 miles at 10-12 min/mile pace)
 - Return to competitive activities

Comments:

Frequency: ____ times per week

Duration: ____ weeks

Signature: _____

Date: _____

PHYSICAL THERAPY LOCATIONS

*****Please schedule your post-operative physical therapy appointments BEFORE your surgery*****

Manhattan Sports and Manual Physical Therapy

10 East 33rd Street, 2nd Floor
New York, NY 10016
(646) 487-2495
www.msmt.com

Center for Musculoskeletal Care PT

333 E 38th St, 5th Floor
New York, NY 10016
(646) 501-7077

Other Locations:

BROOKLYN				
R.P.T. Physical Therapy	335 Court Street	Cobble Hill	11231	(718) 855-1543
One on One PT	2133 Ralph Ave	Flatlands	11234	(718) 451-1400
One on One PT	17 Eastern Parkway	Prospect Heights	11238	(718) 623-2500
One on One PT	9920 4th Ave	Bay Ridge	11209	(718) 238-9873
One on One PT	1390 Pennsylvania Ave	Canarsie	11239	(718) 642-1100
One on One PT	1715 Avenue T	Sheepshead Bay	11229	(718) 336-8206

MANHATTAN-DOWNTOWN				
Health SOS	594 Broadway	New York	10012	(212) 343-1500
Occupational & Industrial Orthopaedic Center	63 Downing Street	New York	10014	(212) 255-6690
Promobility	401 Broadway	New York	10013	(646) 666-7122

MANHATTAN -EAST SIDE				
Harkness Center for Dance (PT Service)	614 Second Ave	New York	10003	(212) 598-6054
RUSK at the Men's Center	555 Madison Ave	New York	10022	(646) 754-2000
RUSK Physical Therapy	240 E. 38th Street	New York	10016	(212) 263-6033
STAR Physical Therapy	160 E. 56th Street	New York	10022	(212) 355-7827



Therapeutic Inspirations	144 E. 44th St	New York	10017	(212) 490-3800
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MANHATTAN UPPER EAST SIDE

Health SOS	139 E. 57th Street	New York	10022	(212) 753-4767
Premier PT	170 E. 77th Street	New York	10021	(212) 249-5332
Rusk PT at Women 's Health Center	207 E. 84th Street	New York	10028	(646) 754-3300
SPEAR PT	120 E. 56th Street	New York	10022	(212) 759-2211
Sports PT of NY	1400 York Ave	New York	10021	(212) 988-9057

MANHATTAN UPPER WEST SIDE

Premier PT	162 W. 72nd Street	New York	10023	(212) 362-3595
Sports PT of NY	2465 Broadway	New York	10025	(212) 877-2525

MANHATTAN WEST SIDE

Sports Medicine at Chelsea	22 West 21st Street Suite 400	New York	10010	(646) 582-2056
Chelsea Physical Therapy & Rehabilitation	119 W. 23rd Street	New York	10011	(212) 675-3447
SPEAR Physical Therapy	36 W. 44th Street	New York	10036	(212) 759-2280

QUEENS

Ergo Physical Therapy P.C.	107-40 Queens Blvd	Forest Hills	11375	(718) 261-3100
Susan Schiliro, PT (Hand & Upper Extremity only)	99-32 66th Road	Rego Park	11374	(718) 544-1937

STATEN ISLAND

One on One PT	31 New Dorp Lane 1 st , Floor	Staten Island	10306	(718) 979-4466
One on One PT	33 Richmond Hill Rd	Staten Island	10314	(718) 982-6340

LONG ISLAND

Health SOS	375 Deer Park Ave	Babylon	11702	(631) 321-6303
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Hand in Hand Rehabilitation (Hand & Upper Extremity only)	346 Westbury Ave	Carle Place	11514	(516) 333-1481
Home PT Solutions	111 W. Old Country Rd.	Hicksville	11801	(516) 433-4570
Bi-County Physical Therapy & Rehabilitation	270-03 Hillside Ave	New Hyde Park	11040	(718) 831 - 1900
Bi-County Physical Therapy & Rehabilitation	397 Willis Ave	Williston Park	11596	(516) 739-5503

WESTCHESTER

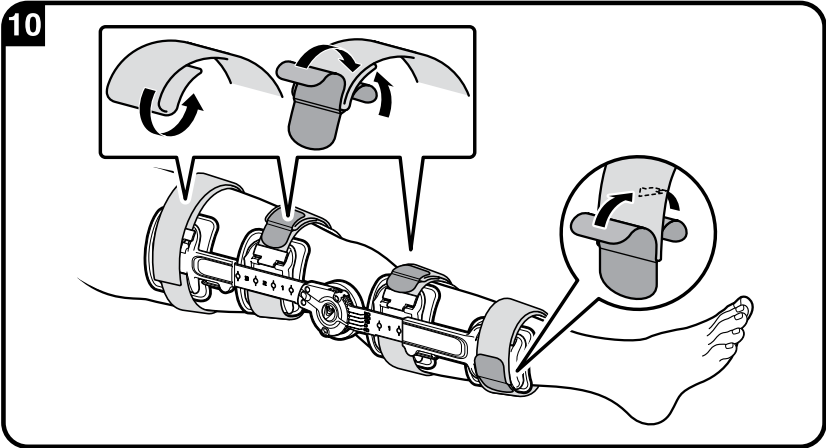
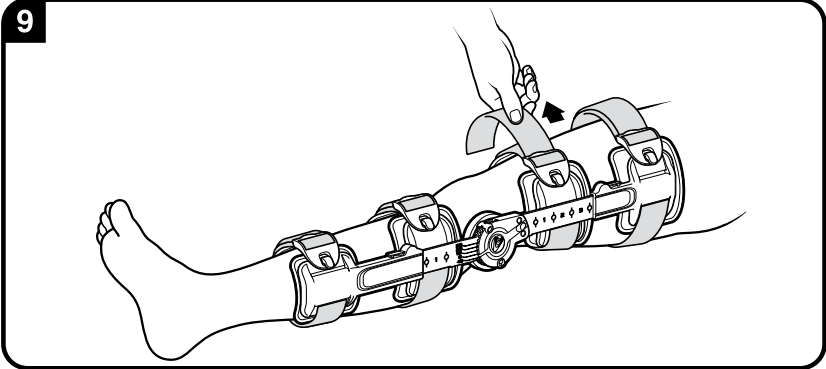
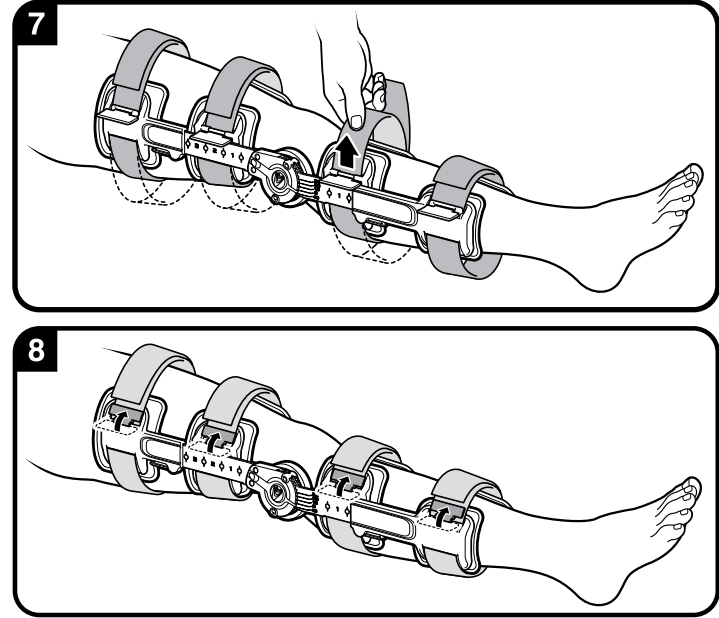
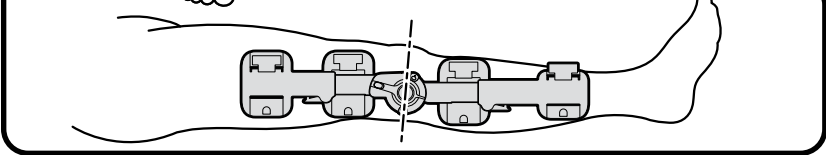
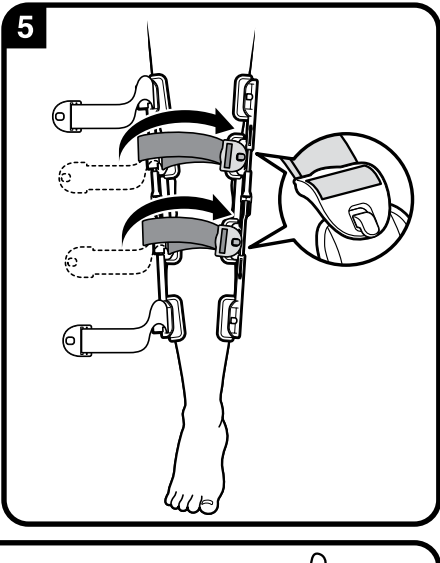
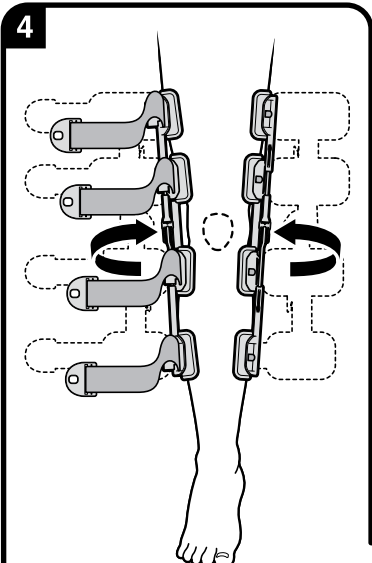
Health SOS	1015 Saw Mill River	Ardsley	10502	(914) 478-8780
Premier PT	223 Katonah Ave	Katonah	10536	(914) 232-1480
PRO Sports PT of Westchester	2 Overhill Road	Scarsdale	10583	(914) 723-6987
Westchester Sports Physical Therapy, PC	672 White Plains Road	Scarsdale	10583	(914) 722-2400
Rye Physical Therapy and Rehabilitation	411 Theodore Fremd Ave	Rye	10580	(914) 921-6061
Rye Physical Therapy and Rehabilitation	15 North Broadway; Suite K	White Plains	10601	(914) 686-3132

CONNECTICUT

Premier PT	36 Old Kings Hwy S	Darien	06820	(203) 202-9889
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NEW JERSEY

Jersey Central Physical Therapy & Fitness	21 47 Route 27	Edison	08817	(732) 777-9733
Jag PT	34 Mountain Blvd	Warren	07059	(908) 222-0515
Jag PT	622 Eagle Rock Ave	West Orange	07052	(973) 669-0078



breg.com/TS

T Scope® Premier

Post-Op Brace Fitting Instructions

Anleitung zum Anlegen der Schiene nach der Operation
Istruzioni per l'adattamento post-operatorio del tutore
Mise en place de l'orthèse postopératoire
Instrucciones de colocación de la rodillera postoperatoria



Breg, Inc.
2885 Loker Ave. East
Carlsbad, CA 92010 U.S.A.
P: 800-321-0607
F: 800-329-2734
www.breg.com

AW-1.00495 REV A 0113



EC REP

E/U authorized representative
MDSS GmbH
Schiffgraben 41
D-30175 Hannover
Germany



W A R N I N G S

WARNING: CAREFULLY READ USE/CARE INSTRUCTIONS AND WARNINGS PRIOR TO USE.
WARNING: DO NOT REMOVE T SCOPE BRACE UNLESS INSTRUCTED BY YOUR MEDICAL TREATMENT PROFESSIONAL. DO NOT CHANGE RANGE OF MOTION HINGE SETTINGS WITHOUT SUPERVISION BY A MEDICAL PROFESSIONAL.
WARNING: THIS DEVICE WILL NOT PREVENT OR REDUCE ALL INJURIES. PROPER REHABILITATION AND ACTIVITY MODIFICATION ARE ALSO AN ESSENTIAL PART OF A SAFE TREATMENT PROGRAM. CONSULT WITH YOUR MEDICAL TREATMENT PROFESSIONAL REGARDING SAFE AND APPROPRIATE ACTIVITY LEVEL WHILE WEARING THIS DEVICE.
WARNING: IF YOU EXPERIENCE INCREASED PAIN, SWELLING, SKIN IRRITATION, OR ANY ADVERSE REACTIONS WHILE USING THIS PRODUCT, IMMEDIATELY CONSULT YOUR MEDICAL PROFESSIONAL.
WARNING: THE HINGE ON THIS BRACE IS DESIGNED TO LIMIT AND/OR CONTROL RANGE OF MOTION. IT IS NOT DESIGNED TO STABILIZE YOUR KNEE WHEN YOU ARE WEIGHT-BEARING OR TAKE THE PLACE OF A WALKING AID. FOLLOW YOUR PHYSICIAN'S ADVICE REGARDING WEIGHT-BEARING AND ALWAYS USE A PROPER ASSISTANCE DEVICE, SUCH AS CRUTCHES OR A WALKER.
CAUTION: FEDERAL LAW RESTRICTS THIS DEVICE TO SALE BY OR ON THE ORDER OF A LICENSED HEALTH CARE PRACTITIONER.
CAUTION: FOR SINGLE PATIENT USE ONLY.



W A R N U N G S

WARNUNG: VOR GEBRAUCH BITTE SORGFÄLTIG ALLE ANWEISUNGEN ZUM GEBRAUCH UND ZUR PFLEGE SOWIE DIE WARNUNGEN DURCHLESEN.
WARNUNG: DIE T SCOPE-SCHIENE NUR AUF ÄRZTLICHE ANWEISUNG ENTFERNEN. DIE BEWEGUNGSSPIELRAUMEINSTELLUNG DES SCHARNIERS NUR UNTER AUFSICHT EINER MEDIZINISCHEN FACHKRAFT ÄNDERN.
WARNUNG: DIESES GERÄT KANN NICHT ALLE VERLETZUNGEN VERHINDERN ODER LINDERN. ANGEMESSENE REHABILITATION UND MODIFIZIERUNG DER AKTIVITÄTEN SIND EIN UNERLÄSSLICHER BESTANDTEIL EINES SICHEREN BEHANDLUNGSPROGRAMMS. SPRECHEN SIE MIT IHREM MEDIZINISCHEN PFLEGEPERSONAL ÜBER DEN GEFÄHRLOSEN UND ANGEMESSENEN AKTIVITÄTSGRAD WÄHREND DES TRAGENS DIESER SCHIENE.
WARNUNG: WENN BEI DER VERWENDUNG ERHÖHTE SCHMERZEN, SCHWELLUNGEN, HAUTREIZUNG ODER ANDERE NEBENWIRKUNGEN AUFTRETEN, KONSULTIEREN SIE BITTE SOFORT IHREN ARZT.
WARNUNG: DAS SCHARNIER AN DIESER SCHIENE IST ZUR EINSCHRÄNKUNG BZW. KONTROLLE DES BEWEGUNGSSPIELRAUMS KONZIPIERT. ES IST NICHT DAFÜR VORGEGEHEN, DAS KNIE BEI GEWICHTSBELASTUNG ZU STABILISIEREN UND DIENT NICHT ALS ERSATZ FÜR EINE GEHILFE. BEACHTEN SIE DIE ÄRZTLICHEN ANWEISUNGEN IM HINBLICK AUF BELASTUNG UND VERWENDEN SIE STETS EINE PASSENDE GEHILFE WIE KRÜCKEN ODER EINEN WALKER.
ACHTUNG: LAUT GESETZ DARF DIESES PRODUKT NUR VON ZUGELASSENEM MEDIZINISCHEM FACHPERSONAL ODER AUF DESSEN ANWEISUNG VERKAUFT WERDEN.
ACHTUNG: NUR ZUM GEBRAUCH FÜR EINEN EINZELNEN PATIENTEN VORGEGEHEN.



A V V E R T E N Z E

AVVERTENZA - PRIMA DI UTILIZZARE IL DISPOSITIVO, LEGGERE ATTENTAMENTE LE ISTRUZIONI E LE AVVERTENZE RELATIVE ALL'USO E ALLA MANUTENZIONE.
AVVERTENZA - NON TOGLIERSI IL TUTORE T SCOPE SE NON DIETRO ORDINE DELL'OPERATORE SANITARIO. NON CAMBIARE IL RAGGIO DI MOVIMENTO DELLE CERNIERE SENZA LA SUPERVISIONE DI UN OPERATORE SANITARIO.
AVVERTENZA - QUESTO DISPOSITIVO NON PREVIENE NÉ RIDUCE ALCUNA LESIONE. PARTE ESSENZIALE DI UN PROGRAMMA TERAPEUTICO COMPLETO SONO ANCHE UNA RIABILITAZIONE ADEGUATA E LA MODIFICA DELLE ATTIVITÀ SVOLTE. CONSULTARE L'OPERATORE SANITARIO SUL LIVELLO DI ATTIVITÀ SICURO E APPROPRIATO MENTRE SI INDOSSA QUESTO DISPOSITIVO.
AVVERTENZA - SE DURANTE L'USO SI ACCUSANO AUMENTO DI DOLORE, GONFIORE, IRRITAZIONE CUTANEA O QUALUNQUE ALTRA REAZIONE AVVERSA, CONSULTARE IMMEDIATAMENTE IL PROPRIO OPERATORE SANITARIO.
AVVERTENZA - LA CERNIERA DI QUESTO TUTORE È CONCEPITA PER LIMITARE E/O REGOLARE IL RAGGIO DI MOVIMENTO; NON È PREVISTA PER LA STABILIZZAZIONE DEL GINOCCHIO QUANDO SI SPOSTA IL PESO SÙ QUELLA GAMBA, NÉ PER SOSTITUIRE UN AUSILIO DI DEAMBULAZIONE. SEGUIRE I CONSIGLI DEL MEDICO IN RELAZIONE ALL'APPOGGIO DEL PESO E USARE SEMPRE UN APPROPRIATO DISPOSITIVO DI AUSILIO ALLA DEAMBULAZIONE, COME DELLE STAMPELLE O UN DEAMBULATORIO.
ATTENZIONE - VENDITA CONSENTITA SOLO AGLI OPERATORI SANITARI ABILITATI O DIETRO AUTORIZZAZIONE DEGLI STESSI.
ATTENZIONE - ESCLUSIVAMENTE PER UN SINGOLO PAZIENTE.



A V E R T I S S E M E N T S

AVERTISSEMENT : VEUILLEZ LIRE ATTENTIVEMENT LE MODE D'EMPLOI ET LES AVERTISSEMENTS AVANT USAGE.
AVERTISSEMENT : NE RETIREZ PAS L'ORTHÈSE T SCOPE, SAUF SUR RECOMMANDATION SPECIFIQUE DE VOTRE PRATICIEN. NE MODIFIEZ PAS LE REGLAGE DE LA MOBILITE ARTICULAIRE SANS LA SUPERVISION D'UN PRATICIEN.
AVERTISSEMENT : CE DISPOSITIF N'EST PAS DESTINE A PREVENIR OU A REDUIRE TOUTES LES LESIONS. UNE REEDUCATION APPROPRIEE ET UN CHANGEMENT D'ACTIVITE FONT EGALEMENT PARTIE DES ELEMENTS ESSENTIELS A UN PROGRAMME DE TRAITEMENT REUSSI. ADRESSEZ-VOUS A VOTRE PRATICIEN POUR TOUTE QUESTION AU SUJET DU NIVEAU D'ACTIVITE APPROPRIEE ET SUR L'EMPLOI SANS DANGER DE CE DISPOSITIF.
AVERTISSEMENT : EN CAS D'AUGMENTATION DE LA DOULEUR, D'ENFLURE, D'IRRITATION DE LA PEAU OU D'AUTRES REACTIONS INDESIRABLES LORS DE L'USAGE DE CE PRODUIT, CONSULTEZ IMMEDIATEMENT VOTRE PRATICIEN.
AVERTISSEMENT : L'ARTICULATION DE CET ORTHESE EST CONÇUE POUR LIMITER ET/OU CONTROLER LA MOBILITE ARTICULAIRE. ELLE N'EST PAS DESTINEE A STABILISER VOTRE GENOU LORSQUE VOUS APPUYEZ DESSUS ET ELLE NE REMPLACE PAS UN DISPOSITIF D'AIDE A LA MARCHÉ. SUIVEZ LES RECOMMANDATIONS DE VOTRE MEDECIN EN CE QUI CONCERNE LA MISE EN APPUI ET UTILISEZ TOUJOURS UN DISPOSITIF D'ASSISTANCE CORRECT TEL DES BEQUILLES OU UN DEAMBULATEUR.
ATTENTION : LA LOI FEDERALE AMERICAINNE N'AUTORISE LA VENTE DE CE DISPOSITIF QUE PAR UN PRATICIEN AGREE OU SUR SON ORDONNANCE.
ATTENTION : USAGE RESERVE A UN SEUL PATIENT.



A D V E R T E N C I A S

ADVERTENCIA: LEA DETENIDAMENTE LAS INSTRUCCIONES DE USO/CUIDADO Y LAS ADVERTENCIAS ANTES DE USAR ESTE PRODUCTO.
ADVERTENCIA: NO SE quite LA RODILLERA T SCOPE A MENOS QUE LO INDIQUE EL PROFESIONAL MÉDICO QUE LE PROPORCIONA TRATAMIENTO. NO CAMBIE LAS POSICIONES DE LA BISAGRA DE CONTROL DEL RANGO DE MOVIMIENTO SIN LA SUPERVISIÓN DE UN PROFESIONAL MÉDICO.
ADVERTENCIA: ESTE APARATO NO PREVIENE NI REDUCE TODAS LAS LESIONES. LA ADECUADA REHABILITACIÓN Y MODIFICACIÓN DE LA ACTIVIDAD SON TAMBIÉN PARTE ESENCIAL DE UN PROGRAMA SEGURO DE TRATAMIENTO. CONSULTE CON EL PROFESIONAL MÉDICO QUE LE PROPORCIONA TRATAMIENTO ACERCA DEL NIVEL SEGURO Y APROPIADO DE ACTIVIDAD MIENTRAS LLEVA ESTE DISPOSITIVO.
ADVERTENCIA: SI EXPERIMENTA AUMENTO DEL DOLOR, HINCHAZÓN, IRRITACIÓN DE LA PIEL O CUALQUIER REACCIÓN ADVERSA AL USAR ESTE PRODUCTO, CONSULTE INMEDIATAMENTE A SU PROFESIONAL MÉDICO.
ADVERTENCIA: LA BISAGRA EN ESTA RODILLERA HA SIDO DISEÑADA PARA LIMITAR Y/O CONTROLAR EL RANGO DE MOVIMIENTO. NO HA SIDO DISEÑADA PARA ESTABILIZAR LA RODILLA CUANDO ESTÉ APOYANDO EL PESO EN ELLA, NI PARA SUSTITUIR A UN MEDIO DE AYUDA PARA CAMINAR. SIGA LOS CONSEJOS DE SU MÉDICO SOBRE EL APOYO DEL PESO Y UTILICE SIEMPRE UN MEDIO DE AYUDA ADECUADO, COMO MULETAS O UN ANDADOR.
PRECAUCIÓN: LA LEY FEDERAL RESTRINGE LA VENTA DE ESTE APARATO A LOS CASOS DE VENTA POR O BAJO LA ORDEN DE UN PROFESIONAL MÉDICO LICENCIADO.
PRECAUCIÓN: PARA USO ÚNICO EN UN PACIENTE SOLAMENTE.

INITIAL APPLICATION BY A MEDICAL PROFESSIONAL ONLY!

- 1 Unlock strap clips (A), Unclip buckles (B).
- 2 Spread hinge bars apart, lay brace out flat, position device with knee centered between hinges. Orient the brace so the hinges are facing in the direction indicated and the small calf pads are towards the feet.
Example: right leg.
- 3 Loosen friction clips on the telescoping bars. For proper fit, slide upper and lower telescoping hinge bars to accommodate leg length. Lock friction clips. Hinge bar length indicators assist in verifying the consistent length selection on thigh and calf.
- 4 Position hinge bars laterally and medially to the leg, center hinge at the knee joint.
- 5 Loosely fasten the 2 straps closest to the knee.
- 6 Loosely fasten the remaining 2 straps.
- 7 Pull straps tight to remove slack behind the leg. Be careful to maintain the lateral and medial positions of the hinge bars.
- 8 Lock strap lock clips.
- 9 Pull straps tight through the buckles. Be careful to maintain the lateral and medial positions of the hinge bars.
- 10 Secure strap ends, use hook and loop Y-tabs at strap ends to affix straps. It may be necessary to shorten straps by folding them over before attaching Y-tabs.

ROM (RANGE-OF-MOTION) HINGE ADJUSTMENTS:

- 11 Extension limit settings may be selected between -10° (Hyperextension) and 70° by pulling the tab out and sliding it to desired position.
- 12 Flexion limit settings may be selected between -10° and 120° (represented as last tick mark on scale).
- 13 The hinge may be locked by sliding the quick lock button into the locked position at any one of 5 positions: -10° (hyperextension), 0° (Neutral), 10°, 20°, 30° of flexion.

BRIDGETECH INCISION PAD APPLICATION AND ADJUSTMENTS:

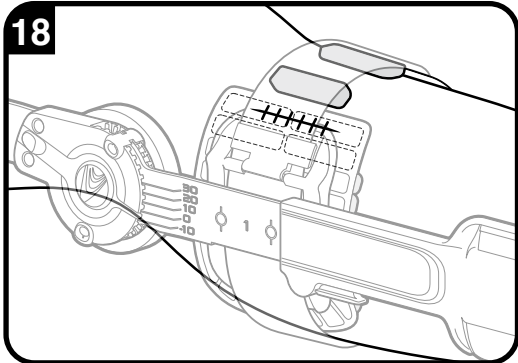
- 14 The BridgeTech Incision Pad can be added to the T Scope Premier to alleviate pressure around the incision site. You will need to replace one of the existing pads when using the BridgeTech Incision Pad.
- 15 To replace one of the existing pads, remove the existing pad from the cuff. Make sure the incision pad will be placed on the appropriate cuff, so it is on same side as the incision. The piece of double sided hook may be attached to the back of this pad or could remain on the strap. If it is on the pad, remove and affix to the middle of the strap that is attached to the cuff.
- 16 Apply the BridgeTech Incision Pad to the cuff with the flat side down, making sure the tear-away sections point away from the medial (middle) side of the brace. The tear-away sections will be in the proper location once the brace is applied.
- 17 To bridge an incision point, remove individual tear-away sections as needed.
- 18 To provide additional support and pressure relief, affix the tear-away sections of the BridgeTech Incision Pad to the strap that is below the knee on either side of the tibia.

USE AND CARE OF YOUR T SCOPE BRACE:

After initial application, the T Scope may be removed and reapplied by unclipping the buckles only.

Hand wash the foam pads and straps with mild soap and air dry. Do not place pads or straps into a mechanical dryer.

Extra foam pads are available from Customer Care: (800) 321-0607. The BridgeTech Incision Pad is available as an accessory for an additional charge.



Puede obtener acolchados de espuma adicionales del Departamento de Atención al Cliente: (800) 321-0607. El acolchado de incisión BridgeTech se ofrece como un accesorio por un cargo adicional.

Zusätzliche Schaumstoffpolster sind beim Kundendienst erhältlich: (800) 321-0607. Das BridgeTech-Inzisionspolster ist als Zubehör gegen Aufpreis erhältlich.

I cuscini in espanso di ricambio sono disponibili presso il reparto di Assistenza alla clientela: 800 321 0607. Il cuscinetto per incisioni BridgeTech è disponibile come accessorio acquistabile separatamente.

Quand les coussinets se moussent et les anneaux à la main avec un savon doux, puis j'insère les sécher à l'air. Me re-

¡SOLAMENTE UN PROFESIONAL MÉDICO DEBE EFECTUAR LA APLICACIÓN INICIAL!

9 Tire de las tiras para apretarlas a través de las hebillas. Tenga cuidado de conservar las posiciones lateral y medial de las barras de bisagra.

13 La bisagra puede fijarse en una posición deslizando el botón de fijación rápida a la posición de bloqueo en cualquiera de las 5 posiciones: -10° (hiperextensión), 0° (Neutra), 10°, 20°, 30° de flexión.

18 Para ofrecer más apoyo y alivio de la presión, fije las secciones que se desprenden del acolchado de incisión BridgeTech a la tira debajo de la rodilla en cualquier lado de la tibia.

Lave a mano los acolchados de espuma y las tiras con jabón suave, y seque al aire. No seque los acolchados ni las tiras en una secadora.

Puede obtener acolchados de espuma adicionales del Departamento de Atención al Cliente: (800) 321-0607. El acolchado de incisión BridgeTech se ofrece como un accesorio por un cargo adicional.