

Post-Operative Instructions

Patellofemoral Knee Replacement + Tibial Tubercle Osteotomy (TTO)

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

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

First Post-Operative Day

- A. Continue ice pack every 1-2 hours while awake or at least twenty minutes prior to and after exercise session.
- B. Pain medication as needed.

Second Post-Operative Day Until Return Visit

- A. Continue ice pack as needed.
- B. Unless otherwise noted, weight-bearing is toe-touching only for the first 4 weeks after surgery. After 4 weeks, 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.

Rehabilitation Protocol: Patellofemoral Knee Replacement + Tibial Tubercle Osteotomy (TTO)

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-3)

- **Weightbearing:** Toe-touch weight bearing with brace locked in full extension
- **Range of Motion**
 - o No passive or active flexion range of motion greater than 90 degrees for the first two weeks to avoid stress on sutures/stitches.
 - o Passive range of motion <90 degrees (secondary to stitches) after two weeks
- **Therapeutic Exercises**
 - o Patellar mobilization
 - o Quad/Hamstring/ Adductor /Gluteal sets - Straight leg raises/ Ankle pumps

Phase II (Weeks 3-8)

- **Weightbearing:** Progress to partial weight bearing with full weightbearing by weeks 6-8
 - o **Brace:** Unlocked brace 0-90 degrees during weeks 3-6, discontinue brace at weeks 6-8
- **Range of Motion** – Active ROM 0-120 degrees
- **Therapeutic Exercises**
 - o Continue with Quad/Hamstring/Core strengthening
 - o Begin stationary bike for ROM
 - o Gait training

Phase III (Weeks 8-12)

- Low impact activities and no twisting or pivoting until week 12
- **Weightbearing:** Full weightbearing, normal gait pattern
- **Range of Motion** – Full painless ROM
- **Therapeutic Exercises**
 - o Begin closed chain exercises - wall sits/shuttle/mini-squats/toe raises
 - o Continue with Quad/Hamstring/Core strengthening
 - o Begin unilateral stance activities
 - o Add lateral training exercises (i.e. lateral steps, lateral step-ups, step overs) as able.

Phase IV (3-6 months)

- **Weightbearing:** Full weightbearing with a normal gait pattern
- **Therapeutic exercise**
 - o Advance closed chain strengthening exercises, proprioception activities
 - o Recommended activities: elliptical, cycle, walking, aquatic exercise, low impact aerobics, yoga, tai chi, Theraball exercises
 - o NOT recommended – deep squatting or lunging, kneeling or plyometrics
- Maintenance program for strength and endurance

Comments:

Frequency: ____ times per week

Duration: ____ weeks

Signature: _____

Date: _____