

Post-Operative Instructions **Tibial Tubercle Osteotomy +/- MPFL Reconstruction +/- Patellar/Trochlear Osteochondral Transplantation**

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

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

First Post-Operative Day

- A. Continue icing
- B. Pain medication as needed.
- C. If you have been assigned a Continuous Passive Motion (CPM) machine, it should be started during the first week after your surgery. This machine will be set at 30 degrees. The machine should be used 6 hours per day (2 hours in the morning, 2 hours in the afternoon, and 2 hours in the evening). You will use this machine for 1 month after surgery. Do not wear leg brace or cooling device while using CPM machine.

Second Post-Operative Day Until Return Visit

- A. Continue icing
- B. Unless otherwise noted, no weightbearing for the first 6 weeks after surgery. After 6 weeks, you can bear as much weight on the affected leg as you can tolerate.
- 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: Proximal (HTO) or Distal (TTO) Realignment +/- Medial Patellofemoral Ligament Reconstruction +/- Patellar/Trochlear Osteochondral Transplantation

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I –Immediate Postoperative Phase (Day 1-5)

- Goals:
 - Diminish swelling/inflammation (control hemarthrosis)
 - Diminish postoperative pain
 - Initiate voluntary quadriceps control
 - Independent ambulation
- Brace:
 - Brace for ambulation only (POD 1 to Week 6)
- Weight-bearing
 - Toe touch weightbearing (Week 1-4)
- Swelling/Inflammation Control
 - Cryotherapy
 - Compression bandages
 - Elevation & ankle pumps
- Range of Motion
 - Full passive knee extension
 - Flexion to 45° (day 1-4)
 - Flexion to 60° (day 5)
 - PROM and gentle AAROM only
 - CPM machine set at 30 degrees. The machine should be used 6 hours per day (2 hours in the morning, 2 hours in the afternoon, and 2 hours in the evening). Use for 1 month after surgery. Do not wear leg brace or cooling device while using CPM machine.
- Flexibility
 - Hamstring and calf stretches
 - PROM/AAROM within ROM limitations

Phase II –Acute Phase (Week 2-4)

- Goals:
 - Control swelling and pain
 - Promote healing of realignment tibial tuberosity
 - Quadriceps strengthening
- Brace
 - Continue brace for ambulation only
- Weight-bearing
 - Continue toe touch weightbearing
- Swelling/inflammation
 - Continue use of cryotherapy
 - Compression bandage

- Elevation
- Range of motion
 - PROM/AAROM exercises
 - ROM 0-75° (week 1-3)
 - ROM 0-90° (week 4)
- Muscle Retraining
 - Electrical muscle stimulation to quads
 - Quad setting isometrics
 - Straight leg raises (flexion)
 - Hip adduction/abduction
 - Hip extension
 - GENTLE submaximal isometric knee extension
 - Week 4
 - Light leg press
 - Vertical squats (no weight)
- Flexibility
 - Continue hamstring, calf stretches

Phase III –Subacute Phase “Motion” Phase (Week 5-8)

- Goals
 - Gradual improvement in ROM
 - Improve muscular strength and endurance
 - Control forces on extension mechanism
- Weight-bearing
 - Progress to full weightbearing (week 5-6)
 - One crutch (week 4-6)
 - Discontinue crutch (week 6)
- Range of motion
 - PROM 0-115°
 - PROM 0-125°
 - PROM 0-125/135°
- Exercises
 - Continue electrical muscle stimulation to quadriceps
 - Quadriceps setting isometric
 - Hip adduction, abduction, and extension
 - Vertical squats
 - Leg press
 - Knee extension light (0-60°)
 - Bicycle (week 6-8)
 - Pool program [walking, strengthening (whenable)]
- Flexibility
 - Continue all stretching exercises for LE

Phase IV –Strengthening Phase (weeks 9-16)

- **Criteria to Progress to Phase IV**
 - ROM at least 0-115 degrees
 - Absence of swelling/inflammation

- Voluntary control of quads
- Goals
 - Gradual improvement of muscular strength
 - Functional activities/drills
- Exercises
 - ½ vertical squats (0-60°)
 - Wall squats (0-60°)
 - Leg press
 - Forward lunges
 - Lateral lunges
 - Lateral step-ups
 - Knee extension (60-0°)
 - Hip adduction/abduction
 - Bicycle
 - Stairmaster



Phase V –Return to Activity Phase

- **Criteria to enter Phase V**
 - Full non-painful ROM
 - Appropriate strength level (80% or greater of contralateral leg)
 - Satisfactory clinical exam
- Goals
 - Functional return to specific drills
- Exercises
 - Functional drills
 - Strengthening exercises
 - Flexibility exercises

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____



T Scope® Premier



EC REP

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AW-1.00495 REV A 0113

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

WARNING

- 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.

WARNUNGS

- WARNUNG: VOR GEBRAUCH BITTE SORGFÄLTIG ALLE ANWEISUNGEN ZUM GEBRAUCH UND ZUR PFLEGE SOWIE DIE WARNUNGEN DURCHLESEN.
- WARNUNG: DIE T SCOPE-SCHIEBE 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 GEFÄHRLICHEN UND ANGEMESSENEN AKTIVITÄTSGRAD WÄHREND DES TRAGENS DIESER SCHIEBE.
- WARNUNG: WENN BEI DER VERWENDUNG ERHÖHTE SCHMERZEN, SCHWELLUNGEN, HAUTREIZUNG ODER ANDERE NEBENWIRKUNGEN AUFTRETEN, KONSULTIEREN SIE BITTE SOFORT IHREN ARZT.
- WARNUNG: DAS SCHARNIER AN DIESER SCHIEBE IST ZUR EINSCHRÄNKUNG BZW. KONTROLLE DES BEWEGUNGSSPIELRAUMS KONZIPIERT. ES IST NICHT DAFÜR VORGEGEHEN, DAS KNEE BEI GEWICHTSBELASTUNG ZU STABILISIEREN UND DIENST 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.

AVVERTENZE

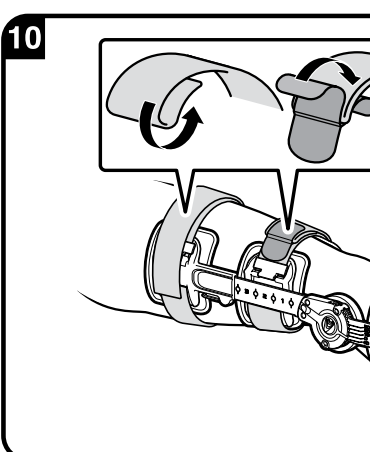
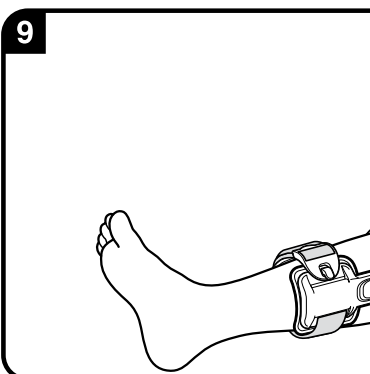
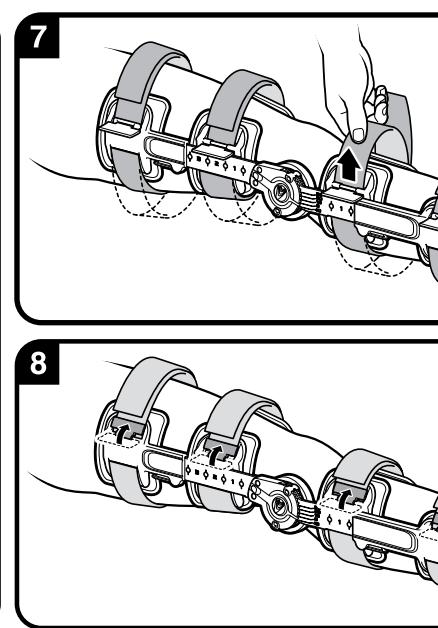
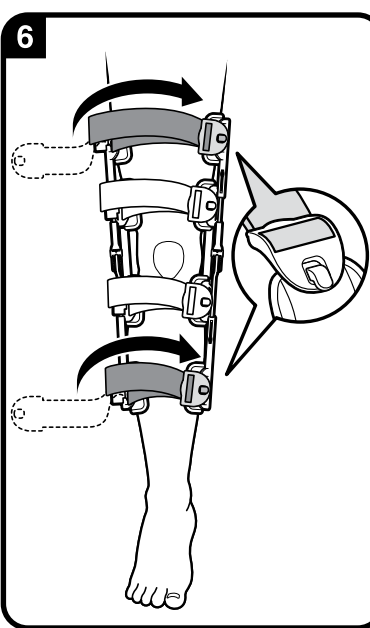
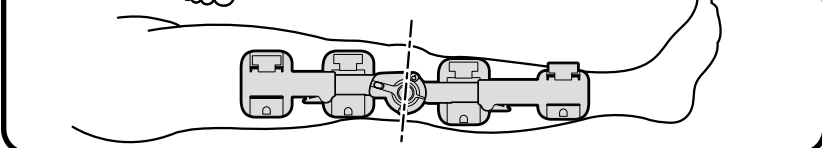
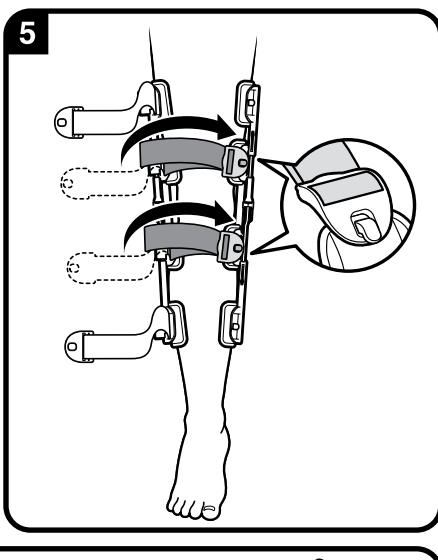
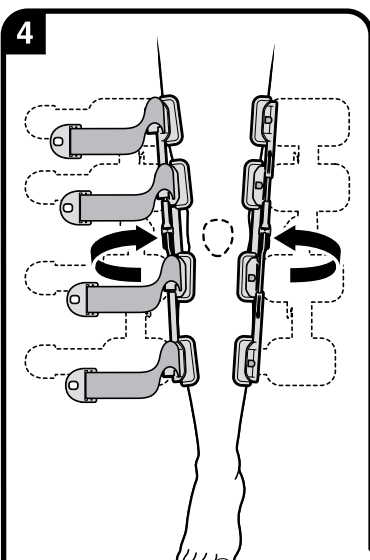
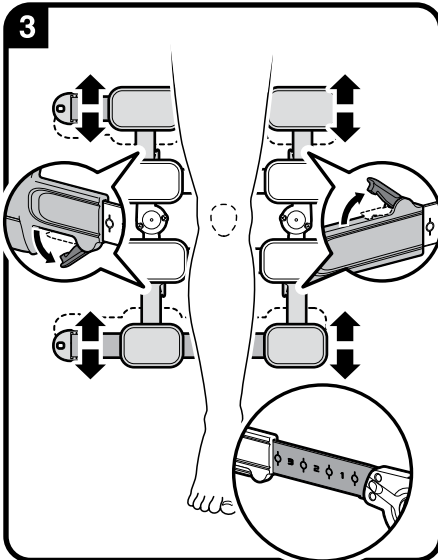
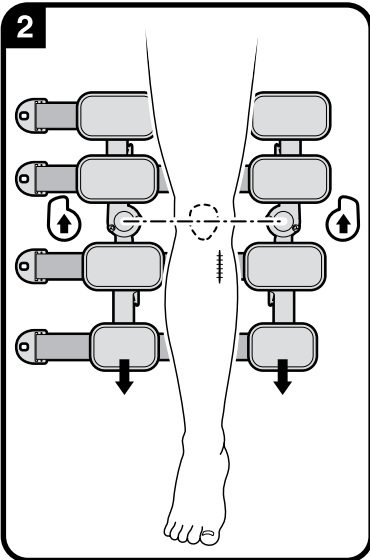
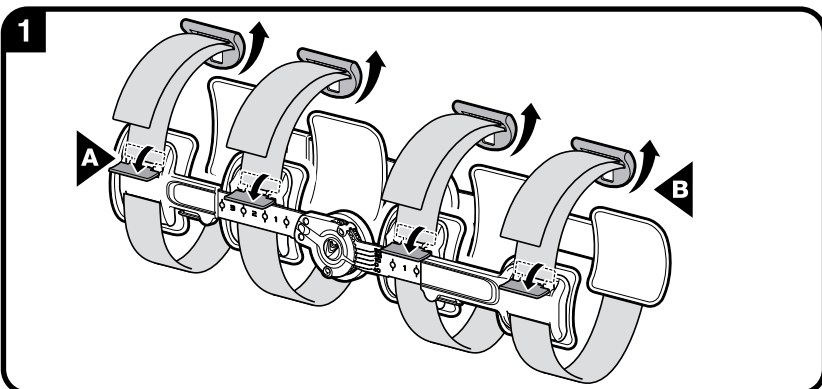
- AVVERTENZA - PRIMA DI UTILIZZARE IL DISPOSITIVO, LEGGERE ATTENTAMENTE LE ISTRUZIONI E LE AVVERTENZE RELATIVE ALL'USO E ALLA MANUTENZIONE.
- AVVERTENZA - NON TOGLIERSI IL TUTORE T SCOPE SE NON DIETRO ORDINE DELL'OPERATORE SANITARIO. NON CAMBIARE IL RAGGIO DI MOVIMENTO DELLE CERNIERE SENZA LA SUPERVISIONE 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 SU 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 DEAMBULATORE.
- ATTENZIONE - VENDITA CONSENTITA SOLO AGLI OPERATORI SANITARI ABILITATI O DIETRO AUTORIZZAZIONE DEGLI STESSI.
- ATTENZIONE - ESCLUSIVAMENTE PER UN SINGOLO PAZIENTE.

AVERTISSEMENTS

- 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 CONCEUE 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.

ADVERTENCIAS

- 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.

