Cort D. Lawton, MD



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Clinic Lead: Ashlee Bauer, MA, ATC

REHABILITATION PROTOCOL

POST OPERATIVE PROTOCOL- TTO, MPFL

REMOVE THE BRACE AND BEND THE KNEE WHILE AT REST!!

	Weight bearing Status	Brace	Range of Motion	Recommended Therapeutic Precautions/Goals	<u> </u>	PATIENT'S POST OPERATIVE CHECKLIST
Week 1-4	No weight to toe touch weight bearing	YES Take off or unlock brace at rest/ while sitting	Full. Take off the brace for range of motion and while resting.	1. Emphasize patient compliance to home exercise program and weight bearing precautions/progression 2. Avoid ambulation without brace locked 3. Avoid pain with therapeutic exercise & functional activities 4. Prevent quadriceps inhibition 5. Quad sets, Heel pumps, straight leg raises, gravity assisted knee flexion	0 0 0	Day 1: take off Ace-wrap. Leave it off Take Aspirin 81mg as recommended daily. Elevate the leg Focus on regaining FULL EXTENSION Exercise 4x-6x daily and use Ice Keep up with minimum
Week 4	bearing, an Physical Th operatively	essive Weigh		range of motion 0-90 degrees by week 3-4 Remove/unlock the brace for range of motion exercises AND at rest Use muscle stimulator 3 days		
Week 6-8	Transition to FULL Weight Crutches until no limp	YES Take off or unlock brace at rest/sitting	Full Take off the brace for range of motion and while resting.		0	after surgery. 3x/day Bone stimulator: 20 minutes/day for 6 months Swelling AND/OR bruising may pool behind the knee, ankle, and foot (normal). IF you have persistent calf pain, call the office.

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Week 6-12	Full weight	As needed	 HEP: advance as tolerated. Continue phase I exercises, as appropriate Patellar mobilization ROM exercises Quadriceps strengthening progression Leg press: monitor arc of motion Flexibility exercises Advance proximal strengthening and core 	 HSS Physical therapy at WEEK #4 to transition to full weight.
Week 13-22+	Full		 Home exercises Patient education Quad strengthening Forward Step up/Step down Address muscle imbalance 	

Brace

- You will wear a long brace on your leg, known as a Bledsoe brace, and use crutches. You will wear it day and night, locked straight for 6 weeks.
 - While resting, Remove/unlock brace and flex the knee as recommended. However, brace must be worn while sleeping or ambulating.

Will I be able to remove the screws?

• You don't have to remove the screws, however, if you would like to, the procedure is done after the osteotomy is well-healed, typically around the 4-5 month mark. This is a simple same-day procedure done in the OR. The surgeon makes a small incision using the same healed incision from the first surgery.

Vitamins

- Since bone is cut and repositioned during the surgery, the bone now has to heal, much like after any broken bone. To ensure the best environment for the bone to recovery, you should begin the following vitamin supplementation following surgery for 6 months:
 - 4,000 international units of over the counter vitamin D2 or D3 once daily
 - 1000mg Calcium once daily

Kneehab (quad stimulator)

- The quadriceps muscle will become very weak and atrophied following surgery. To limit and prevent the extent of this disuse weakness, you will use the kneehab quad stimulator. This consists of a neoprene sleeve with electrodes that stimulates the quadriceps muscle to keep it in shape.
 - Use for 20 minutes 3x/daily for 6 months
 - Device will be delivered to your home or given to you at your first post op visit.

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Bone stimulator

- The bone stimulator is critical to recovery. Should insurance fail to cover the device, it is necessary to work out a payment plan. This is an ultrasound machine which encourages the body to create new bone cells. You will feel nothing to minimal tingling during administration of this device.
 - Use for 20 minutes once daily for 6 months
 - Place the electrodes next to the incision. Do not directly apply to incision.
 - Device will be delivered to your home or given to you at your first post op visit.

Return to Play Assessment

This is a specific evaluation that is performed by HSS Sports and Performance center. It is a two part evaluation; the first part is at post-op month 5-6 and is to demonstrate specific areas that need continued work. You will then be given a detailed program to increase strength in specific areas. The second part is 6-8 weeks later to determine your readiness to return to sport. The two part evaluation costs \$300 and is typically not covered by insurance.