



## ORIF of Patella

### *Discharge Instructions*

#### Comfort

- Discomfort increases 1-2 days after surgery due to the injected medication wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first three days. You may use it 20 minutes on, 20 minutes off, as often as you wish. Always keep a cloth barrier, such as a towel, between the cold and your skin.
- **Medication**
  - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for the two weeks to help prevent blood clots. This is the only mandatory medication.
  - For **nausea** – Zofran (ondansetron) as needed.
  - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
  - For **pain** – A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. Try to manage your pain with ice and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such constipation, nausea and cognitive impairment may occur. Tylenol can be used as a step-down medication and is recommended as soon as possible. It is very common to use the pain medication at night to help sleep better.

#### Activity

- Partial weight bearing with crutches and with the leg brace locked in extension.
  - At Week 2, you can transition to full weight bearing and discontinue the crutches.
- We recommend ankle pumps and circles when seated/laying for any period of time to help lower extremity circulation.
  - Do not sit for more than 30-45 minutes at one time.
- Please wear the brace at night until further notice.
- Driving – We want you to be safe and comfortable when you return to driving—this is a sliding scale depending on your progress, and we will discuss it at your future post-op visits.

#### Wound Care

- Your incision is covered by a rectangular waterproof bandage. Leave this in place until your first appointment with us in the office.
  - **You may shower with the bandage in place**, though avoid soaking in a bath or pool.
- Please watch for drainage on the white portion of the bandage.
  - **If more than 25% of the bandage is covered by drainage, please call our office.**
- Do not remove the bandage.
  - It was applied under sterile conditions in the OR and we do not want bacteria near the incision.
- It is OK to remove the ACE wrap and the cotton dressing if they feel too tight or to apply ice more directly to the knee.
  - It is a good idea to rewrap the ACE, starting from the foot and going up to the knee, to provide light compression and to prevent swelling the first week.

## Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

## Call your physician if:

- You notice more than 25% of the bandage has become saturated with drainage.
- You develop a temperature over 100.3 degrees.
- You have persistent pain and / or swelling in your calf.
- The knee becomes hot to the touch, red, intolerably painful, or swells suddenly.
  - (Note some warmth, pain, and swelling are normal.)
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

## Recovery milestones:

PT will be 2-3x per week.

## Overview:

- Week 2—transition to full WB with brace locked in extension
- Week 6 – brace is unlocked for ambulation
- Week 8 – brace is discontinued if quad control is sufficient
- Week 12 – Full ROM is restored

## *Physical Therapy Protocol*

The following instructions are intended for your physical therapist and should be brought to your first physical therapy visit, which should approximately 1 week after the day of surgery.

Physical therapists – please use creativity and add activities within the parameters of ROM and restrictions listed below.

### PHASE 1 – 0-6 WEEKS

#### **Week 0-2**

- Knee immobilizer or brace to be worn at all times. Removed for hygiene and PT.
- Partial WB with brace locked in extension.
- PROM: 0 degrees extension, no flexion

#### *Exercises:*

- Isometric quadriceps
- Isometric hamstrings
- Isometric adductor and abductors
- Ankle theraband exercises
- Patella mobilizations

#### **Week 2-4**

- Full WB with brace locked in extension. Removed for hygiene and PT.
- ROM to 30 degrees flexion. Brace may be unlocked to allow 30 deg flexion when seated.
- Continue exercises above

#### **Week 4-6**

- Full WB with brace locked in extension. Removed for hygiene and PT.
- ROM to 60 degrees flexion.
- Continue exercises above

### PHASE 2 – 6-12 WEEKS

*Goals: Restore PROM by week 12, normalize AROM, continue to promote healing*

*Criteria to begin Phase II: healing demonstrated on xray, phase I ROM goals met*

#### **Week 6-8**

- Brace unlocked for ambulation.

#### *Exercises:*

- Initiate functional WB exercises
- Open kinetic chain AROM
- Isotonic strengthening exercises
- Balance and proprioception exercises

#### **Week 8-12**

- May discontinue brace once patient demonstrates sufficient quad control
- Continue all exercises above.
- Initiate stationary bike with no resistance.

### PHASE 3 – 12 WEEKS AND BEYOND

- Continue HEP to promote strengthening and endurance