



OCD Fixation or Drilling

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 two weeks first 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. **Use only if needed.** 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 as constipation, nausea and cognitive impairment may occur. Tylenol can be used as a step-down medication and is recommended as soon as possible.

Activity

- NWB 1-2 weeks to start
 - Brace locked at 0 degrees for ambulation and sleeping
- Please restrict activity for the next several days to prevent unnecessary swelling and soreness.
 - When resting, try to keep your knee elevated above the level of your heart.
 - When sitting, we suggest ankle pumps and circles to help lower extremity circulation.
- No driving until further notice. We will discuss this at your next appointment.

Wound Care

- Your incisions are covered by several absorbent pads, gauze, a white cotton bandage, and an ACE wrap. Please leave this in place for at least one week post-op.
 - Do not get the bandages wet the first week after surgery—so this means using a bag over the limb for showering, holding it out of the shower, etc.
 - If the ACE wrap feels too tight, you can loosen it and rewrap it, but please leave the white dressing and other bandages in place until 1 week post-op.
 - The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- After 1 week, you can take off the bandages to check on the incision. Keep the surgical incisions clean, dry and covered. If you have any concerns about the incision (redness, draining, swelling, pain), you can call us and send a picture to info@genesisortho.com
- Even after you take off the bandages at 1 week post-op, you must continue to use the brace at all times. You can use the ACE wrap for compression and under the brace.

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 drainage on the cotton bandage or ACE wrap.
- 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.

Physical Therapy Protocol

PHASE I: Week 0-6

Weightbearing

- NWB 1-2 weeks
- Toe-touch weight bearing (20-30 lbs) at 2-3 weeks post-op with brace locked in extension
- Partial weight bearing (25% body weight) at 4-5 weeks

Precautions: Sleep in brace locked in extension for 2-4 weeks postop, no prolonged standing

Goals: ROM 0-120 degrees by week 6, voluntary quad control, normalized gait pattern in pool

Exercises

- Patellar mobilization daily
- Full passive extension immediately
- Passive knee flexion 2-3x/day
 - 0-90 by end of week 2
 - 0-105 by end of week 3-4
 - 0-120 by end of week 6
- Calf and hamstring stretching
- Ankle pumps
- Quad setting, glut setting, hamstring setting
- Multiangle isometrics (quads and hamstrings)
- Active knee extension 90 to 40 degrees, no resistance
- SLR 4 directions, no resistance
- Stationary bike when ROM permits, no resistance
- Modalities for pain and swelling control including biofeedback and stim as needed

PHASE II: Weeks 6-12

Weightbearing

- Progress to WBAT
 - D/C brace at 6w
 - FWB by week 8-9

Goals: full ROM, able to walk 1-2 miles or bike 30 minutes, increased strength (hamstrings within 20% of other side, quads within 30% of other side), balance testing within 30% of other side



Exercises

- Patellar mobilizations
- LE stretching
- Week 6
 - Weight shifts
- Week 8
 - Mini squats (0-45 degrees)
 - Toe-calf raises
 - ROM 0-135 by week 8
 - ROM 0-135 degrees
- Week 8-10
 - Initiate front and lateral step ups and wall squats
- Week 10-12
 - Treadmill walking
- Closed kinetic chain exercises
- Open kinetic chain knee extensions, progressing 1 lb per week
- Balance and proprioception drills, progress static to dynamic
- Modalities for pain and swelling
- Biofeedback and stim as needed
- Increase standing and walking tolerances

PHASE III: Weeks 12-26

Goals: Full ROM without pain, strength within 20-10% of uninvolved side, balance/stability within 20-25% of uninvolved size

Exercises:

- Leg press 0-90
- Bilateral squats 0-60
- Unilateral step-ups progressing from 2" to 8"
- Forward lunges
- Walking program
- Open kinetic chain knee extension 0-90
- Bicycle, stairmaster, elliptical, treadmill
- Swimming
- Return to all functional activities
- Can initiate HEP at week 16-20
 - Bicycle
 - Progressive walking
 - Pool
 - SLR 4 directions
 - Wall squats
 - Step ups
 - Front lunges
 - LE stretching

PHASE IV: Weeks 26+

Return to full unrestricted functional activity



Exercises:

- Maintenance program 3-4x/week
- Progress resistance to all strengthening exercises
- Agility and dynamic balance drill
- Return to sports
 - Low-impact at 6 months
 - Medium impact at 8-9 months for small lesions, 9-12 for larger lesions
 - High impact at 12-18 months