



MPFL Reconstruction

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

- Full weightbearing as tolerated, can use crutches if needed
 - Brace locked at 0 degrees for ambulation and sleeping for the first 2 weeks
 - 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.
- PT will begin after your first post-op appt

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 3-5 days post op.
 - Do not get the bandages wet the first 3-5 days 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 3-5 days post op.
 - The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- After 3-5 days, 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 3-5 days post-op, you must continue to use the brace at all times.

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 0-2

ROM goals: 0-30 degrees with emphasis on full extension

Brace: WBAT, locked at 0 degrees for ambulation and sleeping

Exercises

- SLR supine with brace locked at 0 degrees, quad sets
- Ankle pumps

PHASE II: Weeks 2-4

ROM goals: 0-60 with emphasis on full extension

Brace: WBAT, locked 0-30 degrees for ambulation and sleeping

Exercises

- Proprioception training
- SLR, quad sets, ankle pumps

PHASE III: Weeks 4-6

ROM goals: 0-90 degrees

Brace: WBAT, brace locked 0-60 degrees for ambulation and sleeping

PHASE IV: Weeks 6-14

ROM: Full ROM

Brace: WBAT, begin to d/c brace

Exercises:

- Progressive squat program
- Initiate step down progra
- Legg press, lunges
- Isotonic knee extension (90-40 degrees, closed chain preferred)
- Agility exercises (sport cord)
- Versaclimber/Nordic Track
- Retrograde treadmill ambulation

PHASE V: Weeks 14-22

ROM: Full ROM

Brace: d/c

Exercises:

- Forward running on treadmill program when 8" step down satisfactory
- Continue strengthening and flexibility program
- Advance sport-specific agility drills
- Start plyometrics

PHASE V: Weeks 22+

Advance plyometric program, return to sport as MD directed