

POST-OPERATIVE INSTRUCTIONS QUADRICEPS or PATELLAR TENDON REPAIR

Dr. Adam O'Brien

MEDICATION

- You will be prescribed a narcotic pain medication with or without additional Tylenol, take as instructed and only as needed. Do not take additional Tylenol unless prescribed.
 - **Pain medication may cause constipation.** You may need to take over the counter stool softeners (docusate, senna, Miralax, etc).
 - You should take these medicines with food or they may nauseate you.
 - You may not drive or operate heavy equipment while on narcotics.
 - Pain medication is refilled on an individual basis and only during office hours.
- You may also be prescribed a muscle relaxant (methocarbamol, cyclobenzaprine) or nerve pain medication (gabapentin). Take as directed and monitor for over-sedation or GI discomfort.
- For blood clot prevention, you will be sent home with either aspirin (325 mg once a day), Lovenox or Eliquis. Take as directed for 4 weeks postoperatively.
- **Resume all home medications unless otherwise instructed.**

WOUND CARE and DRESSINGS

- You will be placed in a hinged knee brace postoperatively, locked in full extension
- Dressings can be changed on your first post-operative visit, or if you would prefer post-op day 3-5.
- It is ok to shower once the initial dressings have been removed, but be aware of slipping while in the shower and brace is off. **DO NOT** put weight on your leg when the brace is off in the shower.
- Until your dressings are off, wrap the leg, **WITH BRACE**, in a large plastic garbage bag with tape at both ends to shower or bathe.
- **NO** submersion of wounds (bath, hot tub, pool) is allowed until a minimum of 3 weeks after surgery.

BRUISING

- The lower leg may become swollen and bruised, which is normal and is from the fluid and blood in the knee moving down the leg. It should resolve in 10-14 days.
- **If you experience severe calf pain or swelling, call the office immediately.**

COLD THERAPY

- Ice should be used for comfort and swelling. Use it at least 20 minutes at a time, every hour while awake if needed. (A simple bag of peas works well as an inexpensive alternative)
- **Never apply directly to exposed skin. Place a dish-towel or t-shirt between your skin and the ice.**

CRUTCHES/BRACE

- You will initially be toe-touch weight bearing in your locked hinged knee brace and will need crutches
- Once transitioned to full weight bearing, crutches can be used as needed for comfort
- Brace should be worn at all times, locked in full extension
- Dr. O'Brien will instruct you when to open the brace and begin motion.

DRIVING

- NO driving while on narcotics.
- Will discuss when to return to driving during clinic visits.

EXERCISES

- You will be touch-down weight bearing (or toe-touch weight bearing) initially.
- Physical therapy is crucial to recovery and will start once splint is removed.
 - As a rule, much of the work is **homework!**
 - It is advised to set up PT prior to surgery so there is no delay in rehab
- Elevate your leg for several days to help with swelling.

EMERGENCIES

- Please call if you notice any of the following (see contact info below):
 - Uncontrolled nausea or vomiting, suspected reaction to medication, inability to urinate, fever greater than 101.5 (low grade fevers 1-2 days after surgery are normal), severe pain not relieved by pain medication, redness or continued drainage around incisions (a small amount is normal), calf pain or severe swelling.
- **If you are having chest pain or difficulty breathing, call 911 or go to the closest emergency room.**

FOLLOW UP APPOINTMENT

- Please make your first post-op visit 7-14 days after surgery if not already scheduled.

CONTACT INFORMATION

- For surgery or prescription related questions or concerns, please contact:
 - **Monday-Friday** (8AM-5PM) – Ortho Triage Nurse at 512-509-2525 (option 1).
 - **After Hours** (M-F 5PM-8AM/weekends/holidays) – Patient Advisory Nurse at 1-800-724-7037.
- For any scheduling or appointment questions or concerns please call 512-654-6588 (M-F, 8AM-5PM).

REHABILITATION PROTOCOL

The goal of rehab after tendon repair is termed “Early Functional Rehab.” It is geared to allow early weight bearing while protecting the repair in a CAM boot. It is imperative to work with your physical therapist and follow their guidelines. Advancing to the next phase of protocol is depending on timing and clinical decisions, and will be subject to change if necessary. All exercises should be performed slowly and carefully.

	Weight Bearing	Brace	ROM	Therapeutic Exercise
0-2 Weeks	TTWB with crutches	On at all times, locked in full extension.	As directed by physician	Elevate leg, toe/ankle exercises
2-4 Weeks	WBAT in locked HKB, wean from crutches as able	Locked in full extension for ambulation, ok to unlock for ROM exercises	As directed by physician, typically 0-60°	Continue Phase I Start aggressive patellar mobility, submaximal quad sets
4-6 weeks	WBAT in locked HKB	Locked in full extension for ambulation, ok to unlock for ROM exercises	As directed by physician, typically 0-90°	Continue as above, increasing quad intensity
6-8 weeks	WBAT in unlocked HKB	Unlock HKB while ambulating, starting 60° and advancing as ROM progresses	Progress to full ROMAT	Begin SLR and bilateral closed chain strengthening, normalize gait. Begin stationary bike.
8-10 weeks	WBAT, wean out of brace	Wean from brace	Full ROMAT	Progress strengthening.

				<p>Begin unilateral closed chain exercises.</p> <p>Begin treadmill walking and elliptical.</p>
10-12 weeks	WBAT	None	As tolerated	Increase strengthening.
12-16 weeks	WBAT	None	As tolerated	<p>Increase intensity on bike, treadmill, elliptical.</p> <p>Begin leg press, hamstring curls.</p> <p>Avoid lunges and knee extensions.</p>
4+ months	WBAT	None	As tolerated	<p>Begin jogging, start step down stairs gradually.</p> <p>Begin plyometric drills and jump training >24 weeks.</p>