

Sports Therapy  
Manual Therapy  
Electrotherapy  
Manipulation  
Rehabilitation  
Pre-habilitation  
Clinical Pilates  
Pre-Season Screening  
Exercise Prescription  
Massage

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AUSTRALIAN  
PHYSIOTHERAPY  
ASSOCIATION

Member

## POST-OPERATIVE PHYSIOTHERAPY INFORMATION

### PATELLA STABILISATION: Mr. Hayden Morris

#### SURGERY:

A stable patella (kneecap) is crucial to the healthy function of your knee. This stability allows you to walk and move well, and to fully use your knee in your desired activities. All of the structures surrounding the patella need to be in good position and alignment, in order to keep your patella tracking well and prevent it dislocating. Mr. Morris has stabilized your patella using one of the following methods

- Medial plication: Tightening the loose structures on the inside of the patella
- Medial patello-femoral ligament reconstruction: Using one of the hamstring tendons to reinforce the structures on the inside of the patella
- Tibial tubercle transfer +/- bone re-attachment with screw: Shifting the patella tendon and its attachment to allow a better patella alignment

#### CARE OF YOUR KNEE POST-SURGERY:

During the first few weeks after your operation your knee is **recovering** from the trauma of surgery, and you need to **take care not to “over-do-it”**. The best way you can help your knee recover, and to keep it comfortable is by **minimizing swelling**. This means:

**Rest-** take it easy and don't be up and around on your feet too much.

**Ice-** you can't ice it too much! The only thing to be careful of is ice burn so don't leave your ice pack on exposed skin for longer than 20 mins at a time.

**Compression-** your tubigrip bandage is to be worn over the knee daily until all the swelling has subsided. This may take 3-4 weeks.

**Elevation-** keep your leg elevated as much as possible when you are resting. Level with your body is much better than having it hanging down from a chair.

**SPLINT:** You may or may not have a splint on your leg depending on the technique used

- If you have a splint on your knee you need to wear this any time you are standing or walking, until you see Mr. Morris again. This helps keep your knee comfortable, and prevents excessive stress being placed on the healing patella structures. While you are sitting on the couch or resting on the bed you may remove the splint. This makes it easier to ice your knee and do your exercises. Most people also find they are more comfortable sleeping at night with their splint on.
- If you don't have a splint, it is not required. Instead you will find it comfortable to rest your knee on a pillow as this will take stress off the healing structures

**PHYSIOTHERAPY DURING YOUR HOSPITAL STAY:**

While you are in hospital you will have daily physiotherapy to help get you mobile again and to teach you your home exercise program. The physiotherapist will fit/ check your splint as well. Before you leave hospital you should be safe and comfortable using crutches and able to manage stairs safely.

**STAGES OF REHABILITATION**

The time frames set below are **guidelines only**. **Your progress depends on your range of knee movement, swelling and your knee control, and the method used to stabilize your patella.** Mr. Morris and your physiotherapist will guide you on progressing your exercises.

**PHASE 1  
0 - 2 WEEKS =  
RECOVERY PERIOD**

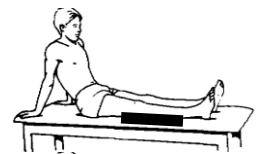
- MAIN GOALS:**
- CONTROL SWELLING (R.I.C.E.)
  - ENSURE ABILITY TO STRAIGHTEN KNEE FULLY
  - QUADS MUSCLE ACTIVATION
  - GENTLY ENCOURAGE KNEE BEND

**MOBILITY**

- +/-SPLINT WHENEVER YOU ARE ON YOUR FEET
- CRUTCHES AT ALL TIMES, BUT WEIGHT BEAR AS TOLERATED THROUGH THE OPERATED LEG
- LOTS OF REST

**STRENGTH AND RANGE OF MOVEMENT EXERCISES 3-4 times/day**

1. **QUADS SETS.** With a small folded towel under your knee, tighten the front thigh muscle. Practice “flicking” the muscle until you are tightening well, then hold for 3-5 seconds.  
10 repetitions. Increase to 3x10 as comfortable



2. **HIP/KNEE FLEXION.** With hands supporting thigh, or towel around foot, gently bend your knee. Do NOT force your bend.  
10 repetitions, increase to 3x10 as comfortable

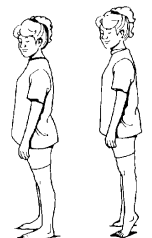


- You are not allowed to bend your knee
- You are allowed to bend your knee as far as is comfortable
- You are allowed to bend your knee up to .....

3. **STANDING STRAIGHT LEG LIFTS.** While standing with support, tighten the quads on your operated leg, then lift leg forwards about 20cm off the ground and slowly lower keeping the knee straight.  
10 repetitions initially, increase to 3x10 as comfortable



4. **CALF RAISES.** When standing with feet apart, rise up onto your toes and then slowly lower. Have as much weight as comfortable on your operated leg.  
10 repetitions, increase to 3x10 as comfortable



**If you notice excess swelling and pain around your knee, it's time to slow down a little!!**

**PHASE 2  
2-6 WEEKS  
EARLY REHABILITATION PERIOD**

This phase of your recovery begins once you have been reviewed by Mr. Morris (approx. 2 weeks post-op).

- MAIN GOALS:**
- CONTINUED CONTROL OF SWELLING
  - GRADUAL INCREASE IN KNEE FLEXION
  - PROGRESS QUADS EXERCISES
  - PROGRESS OTHER STRENGTH, CONTROL, BALANCE EXERCISES
  - PROGRESS MOBILITY

This is the stage at which Mr. Morris will refer you on for formal physiotherapy treatment. Mr. Morris and your physiotherapist will guide you with progressing your exercises and let you know when you can start other activities such as swimming and bike riding. It is much easier to progress through this 'rehabilitation' phase if you have been diligent in looking after your knee in the earlier 2 week 'recovery' period.

**As a general guide:**

**Swimming** – 2 weeks onwards (once wounds have healed) using pool buoy

**Stationary Bike** – 2-4 weeks onwards

**Walking** – Weaning out of splint from 2 weeks onwards, progress as tolerated

These time frames are a guide only. Your progression is dependent upon your surgery, any associated injuries, and how well your knee recovers and progresses. Your physiotherapist should be able to assess and guide your progress accordingly.

**PHASE 3  
6-12 WEEKS  
MID REHABILITATION PERIOD**

- MAIN GOALS:**
- ELIMINATION OF SWELLING
  - PROGRESS ALL STRENGTH, CONTROL, RANGE OF MOVEMENT, BALANCE, CARDIO EXERCISES
  - BEGIN LIGHT IMPACT CONTROL WORK (towards jogging)

**Road Bike** – 6 weeks onwards

A successful return to sport and activity requires **gradual progression** of strength, endurance, co-ordination, and flexibility

**PHASE 3  
12 WEEKS to 6 MONTHS  
LATER REHABILITATION PERIOD**

**Running** – 3 months onwards, progress as tolerated

**Solo Sports** – Once you have achieved other goals and progressed through jogging and agility

**PHASE 4  
6 MONTHS +  
RETURN TO SPORT**

**Return to Sports** – 6 months onwards with surgeon's approval, physio guidance, and with achievement of other goals