**POST OPERATIVE INSTRUCTIONS**

**DIET**
- Begin with clear liquids and light foods (jello, soup, etc.).
- Progress to your normal diet as tolerated.

**WOUND CARE**
- Leave operative dressing in place for 2-3 days. Loosen ACE wrap if swelling in foot/ankle occurs.
- Remove surgical dressings 2-3 days after your surgery. If minimal drainage is present, apply band-aids over incisions and change daily.
- Swelling and bleeding after surgery is normal. If ACE wrap becomes saturated with blood, reinforce with additional dressing.
- Keep your incisions clean and dry until you're seen back in clinic.
- You may shower as needed after surgery, but cover incisions with plastic bag to keep them dry. No immersion in water, i.e. bath.
MEDICATIONS

• Local pain medications were used at the time of surgery. This will wear off in 8-12 hours. If a local “block” medication was given, this could last longer.

• Most patients will require narcotic pain medications for short period of time following surgery. Take per MD request.

• If pain meds are causing nausea and vomiting, contact the office (763-520-7870)

• Do not operate or drive machinery while taking narcotic meds.

• Ibuprofen can be taken between narcotic medication doses to help alleviate pain.

ACTIVITY

• Crutches and knee immobilizer are needed after surgery.

• Elevate the operative leg above your chest whenever possible to reduce swelling.

• Do NOT place pillows behind your knee, but rather under your foot/ankle. This will maintain good extension of your knee.

• Do not engage in activities that increase pain/swelling in your knee such as prolonged standing, walking, sitting without leg elevated.

• No driving until instructed by surgeon.

BRACE

• Knee immobilizer is typically used after surgery.

ICE THERAPY

• Begin immediately after surgery.

• Ice machines can be used continuously, or ice packs every 2 hours for 20 minutes daily until post-op appointment. See page 9 for more information.

More information

Blood clot (DVT) prophylaxis

• Deep vein thrombosis (DVT) is a serious condition because blood clots in your veins can break loose, travel through your bloodstream and lodge in your lungs, blocking blood flow (pulmonary embolism or PE).

• Symptoms: Swelling in the affected leg. Rarely, there may be swelling in both legs. Pain in your leg. The pain often starts in your calf and can feel like cramping or a soreness.

• Risk factors: smoking, obesity, pregnancy, oral contraceptive use, prolonged sitting and surgery

• To reduce this risk we recommend taking 325 mg Aspirin daily, if 18 yrs or older.

• Self care measures include: stop smoking, avoid sitting for long periods, and WALK.

• Deep vein thrombosis may sometimes occur without any noticeable symptoms.
POST OP APPOINTMENTS

First post op visit (7-10 days)

Your first post-op appointment is about 7-10 days from surgery. You will see the PA to review your surgery and have the sutures removed. Please bring your operative pictures with you to this appointment to enhance your understanding of your surgery.

We may order an X-ray and refill medications as needed. You will be able to shower and get your incisions wet at this point.

**Subsequent appointments will be scheduled every 4 weeks.

What to expect after surgery

• Swelling and bruising are very typical from knee to foot.

• Ambulation and stairs will be difficult for the first several weeks. This will become easier as your thigh muscle become stronger.

• Knee immobilizer should be worn for the first week or until thigh function returns.

• Pain medications will be needed for the first 1-4 weeks. Switch to ibuprofen or acetaminophen (if not contraindicated) as soon as possible.

• Ice and Elevation are important to reduce swelling.

• Physical therapy is generally initiated one week after surgery.

• Most patients return to work within a few weeks of surgery, unless your job is physically demanding, in which case patients may be kept out of work for a longer period of time.
These exercises should be started the day after surgery. These will be all the required exercises needed until you are seen by your physical therapist in the office. It is important to begin working on range of motion right after surgery as this will help in your overall recovery.

### HOME EXERCISES

**ANKLE PUMPS**
2 sets of 10, 2-3 times per day
MOVE YOUR FOOT UP AND DOWN

**HEEL SLIDES**
2 sets of 10, 2-3 times per day  **NO FLEXION PAST 90 DEGREES.**
FLEX YOUR HIP AND KNEE. RETURN TO STRAIGHT POSITION.

**KNEE FLEXION STRETCH**
2 sets of 10, 2-3 times per day  **NO FLEXION PAST 90 DEGREES.**
PLACE TOWEL UNDER HEAL. PULL KNEE TOWARDS CHEST. HOLD FLEXED KNEE FOR 15-20 SECONDS. RETURN TO STRAIGHT POSITION.

**KNEE EXTENSION**
2 sets of 10, 2-3 times per day
PLACE TOWEL ROLL OR PILLOW UNDER KNEE. LIFT FOOT OFF FLOOR.

**QUADRICEPS SETS**
2 sets of 10, 2-3 times per day
PLACE TOWEL ROLL OR PILLOW UNDER HEAL. TIGHTEN THIGH MUSCLE AND HOLD FOR 5 SECONDS.

**LEG LIFTS**
2 sets of 10, 2-3 times per day
RAISE LEG OFF THE FLOOR 6 INCHES, KEEPING THE KNEE STRAIGHT.
PHASE I: Weeks 0-2

CLINIC VISIT
- 7-10 days after surgery

WEIGHT BEARING (WB)
- Toe Touch WB (TTWB) with knee immobilizer and crutches immediately following surgery
- *NO WEIGHT BEARING WITH FLEXION (BENDING) GREATER THAN 90 DEGREES*
- This means you can gently rest your foot on the ground for balance, but no meaningful pressure on the knee.

BRACE
- Wear the knee immobilizer brace at all times when up and moving about
- Off for exercises and hygiene only

ROM
- Flexion as tolerated, up to 90 degrees
- Try to Regain/Maintain full knee extension
- ROM goal at end of 2 weeks is up to 90 degrees flexion (bending) with full extension (straight)

EXERCISES
- We will wait to work on Strengthening until 2-4 weeks after surgery
- Initial strength program to include quad sets along with Progressive Resistance Exercises (PREs)

MODALITIES
- Ice post exercise regimen
- May use ice, kodiak ice machine, cryocuff, game ready during this phase to address swelling.

PROGRESSION CRITERIA
- Gain and maintain full extension (do not force hyperextension)
- Minimum flexion to 90 degrees
- Decrease swelling
**PHASE II: Weeks 2-6**

**CLINIC VISIT**
- 4-6 weeks post-op

**WEIGHT BEARING (WB)**
- Weightbear as tolerated (WBAT) with or without crutches
- *NO WEIGHT BEARING WITH FLEXION (BENDING) GREATER THAN 90 DEGREES*
- Start to initiate walking and regain smooth gait pattern without limping

**ROM**
- Continue Phase I exercises as needed
- Continue flexion as tolerated
- Attain/maintain full extension

**STRENGTHENING**
- Closed chain kinetic exercises
- Begin functional strengthening exercises
- Proceed with Active ROM exercises

**PROGRESSION CRITERIA**
- ROM: full extension with flexion to 130 degrees (or full flexion as tolerated)
- Confident, smooth gait
- Begin functional strengthening

**PHASE III: Weeks 6-12**

**CLINIC VISIT**
- As needed

**ROM**
- Full ROM to flexion and extension. Continue ROM exercises in Phase I and II as needed. Discontinue ROM exercises when ROM is equal to both knees
PHASE III: Weeks 6-12  Continued

STRENGTHENING
• Continue previous exercises as needed and add advanced closed chain activities as function allows.

CONDITIONING
• 3x/week for 20 minutes on an exercise bike, with normal pedaling motion
• Initiate elliptical training as early as 8 weeks if adequate strength is present.

MODALITIES
• Ice post exercise regimen (up to 30 mins)

FUNCTIONAL TESTING
• May initiate landing progression
• Unsupported landing on two legs: 10-12 weeks
• Unsupported landing on one leg: 12-14 weeks

PROGRESSION CRITERIA
• Attain full ROM
• Advance functional strengthening
• Walk up and down stairs consecutively using both legs easily
• Must be able to land with flexed knee and no valgus deviation at the knees

PHASE IV: Weeks 12+

CLINIC VISIT
• 3 month and 6 month post op visits

ROM/STRENGTHENING
**Exercise daily to maintain ROM and advance strength and function to return to regular activities

ROM: Daily
STRENGTH: 3x/week
ICE MACHINES

BENEFITS

• Portable ice machines
• Reduces pain and swelling
• Gives constant cold therapy

PRICE

• Call for prices

CONTACT

Jeff Olmscheid
Ottobock Medical
Phone: 612-839-1472

Patients are not required to purchase any of these devices. They are only offered as a supplemental modality to help with pain control. Patients may use ice packs from home or any other cold therapy device.
WHY YOU SHOULD DISPOSE OF YOUR MEDICATIONS

- CHILDREN ACCIDENTALLY INGESTING HARMFUL MEDICATIONS
- USE OF MEDICATIONS FOR OTHER REASONS INSTEAD OF THEIR INTENDED PURPOSE
- USE OF EXPIRED MEDICATIONS WHICH CAN CAUSE ILLNESS OR OTHER HARM

**33% OF AMERICANS REPORT THEY HAVE NOT CLEANED OUT THEIR MEDICINE CABINETS IN MORE THAN A YEAR.**

FLUSH?

Proper disposal is important. Medicines flushed down the toilet contaminate water, harm wildlife and pollute drinking water. According to the Minnesota Pollution Control Agency, U.S. Food and Drug Administration and Drug Enforcement Administration, flushing medications down the toilet is not the best way to get rid of unused medications.

HOW YOU SHOULD DISPOSE

1. Bring your medications to a local drug take-back location. (see list below)
2. The DEA has two National Drug Take Back Days every year across the U.S.
   a. Go to the DEA, Diversion Control Division website for more information
   https://www.deadiversion.usdoj.gov/drug_disposal/takeback/
3. Some drug take-back programs offer mail-back programs
4. You should only flush medications if it’s indicated by the medication instructions
5. If you are unable to bring your medications to a drug take-back location, you can throw away medications by:
   a. Mixing them with sawdust, kitty litter or coffee grounds.
   b. Sealing the contents in a plastic bag.
LOCATIONS TO DISPOSE

**Brooklyn Center**
*Hennepin County District Court Brookdale*
6125 Shingle Creek Pkwy, Brooklyn Center, MN
Hours: Mon-Thurs 9 a.m. - 9 p.m.
Fri & Sat 9 a.m. - 5 p.m.
Sun Noon - 5 p.m.

**Brooklyn Park**
*Hennepin County Sheriff’s Patrol Headquarters*
9401 83rd Ave. N., Brooklyn Park, MN
Hours: Mon-Fri 8 a.m. - 4:30 p.m.

**Edina**
*Hennepin County Library – Southdale*
7001 York Ave. S., Edina, MN
Hours: Mon-Thurs 9 a.m. - 9 p.m.
Fri & Sat 9 a.m. - 5 p.m.
Sun Noon - 5 p.m.

**Golden Valley**
*Golden Valley Police Department*
7800 Golden Valley Rd, Golden Valley, MN
Hours: 24 hrs a day, 7 days a week

**Maple Grove**
*Maple Grove Police Department*
12800 Arbor Lakes Parkway N, Maple Grove, MN
Hours: 24 hrs a day, 7 days a week

**Minneapolis**
*Hennepin County Public Safety Facility*
401 4th Ave. S., Minneapolis, MN
Hours: 24 hrs a day, 7 days a week

**Minneapolis Police Department**
1st precinct
19 N 4th St., Minneapolis, MN
Hours: 24 hrs a day, 7 days a week

**Minneapolis Police Department**
4th precinct
1925 Plymouth Ave. N., Minneapolis, MN
Hours: 24 hrs a day, 7 days a week

**Minnetonka**
*Hennepin County District Court Ridgedale*
12601 Ridgedale Drive, Minnetonka, MN
Hours: Mon-Thurs 9 a.m. - 9 p.m.
Fri & Sat 9 a.m. - 5 p.m.

**Osseo**
*Osseo Police Department*
415 Central Ave., Osseo, MN
Hours: Mon-Thurs 7:30 a.m. - 5 p.m.
Fri 7:30 a.m. - 11:30 a.m.

**Spring Park**
*Hennepin County Sheriff’s Water Patrol*
4141 Shoreline Drive, Spring Park, MN
Hours: Mon-Fri 8 a.m. - 4:30 p.m.

For more information
Visit hennepin.us/medicine
or call 612-348-3777.