

## Rugby St Cross: Orthopaedic Physiotherapy

# Tibial Tubercle Osteotomy

This information is for patients following a Tibial Tubercle Osteotomy / Distalisation (patella stabilisation). The operation aims to stabilise the patella (knee cap) and prevent further episodes of dislocation. It is also used to treat various forms of anterior knee pain (patello-femoral pain syndrome).

### What to expect afterwards

#### Pain and swelling

A nerve block may be used during the operation which means that immediately after the operation your knee and leg may feel heavy and numb. This may last a few hours. After this your knee may feel sore and you will be given painkillers. These should be continued after you are discharged home. You will be given an ice pack which may help reduce any swelling or pain. When at home, wrap frozen peas or crushed ice in a dry cloth and place on your knee for up to 20 minutes, leaving at least one hour between applications.

#### Wound

The incision made during this operation is located at the front of the knee, over the tibial tubercle. If you have stitches, you will be given instructions for their removal at your GP surgery.



## Patient Information

### Exercises

The success of your operation will often depend on the amount of effort that you are prepared to put into your rehabilitation.

Although your knee may feel sore after the operation it is vital that you start completing the exercises in order to build up the muscles around your knee, and to regain the range of movement of your knee after surgery.

Before being discharged you will be seen by a physiotherapist who will advise you and explain the exercises you need to do. It is essential you do the recommended exercises **5 times per day** or you may not make a full recovery. You may experience some discomfort whilst completing the exercises, this is normal.

#### Deep breathing exercises

Take a deep breath in through your nose, hold for a couple of seconds and then breathe out through your mouth. **Complete these three times every hour.**

#### Foot and ankle exercises

Pump your ankles up and down fairly briskly for 10 seconds. Then complete circles one way for 10 seconds, and circles the other way for 10 seconds. **Complete these once hourly.**

#### Heel prop

Rest your heel on a rolled towel or 2 pillows so that your knee is not supported. Allow your knee to relax in this position for **10 minutes**. You do not need to force your knee straight.



## Patient Information

### Static Quadriceps

Lie on your back with your knee straight. Point your toes up towards you, and try to push your knee down firmly into the bed. Hold for 10 seconds. **Repeat 10 times.**



During this exercise, you should feel your patella (kneecap) move upwards towards your hip. Due to the area your surgery has occurred, this may feel a little uncomfortable but it is important to remember you will not be doing your knee any harm.

### Static hamstrings

Lie on your back with your knee slightly bent. Push down firmly into the bed with your heel. Hold for 10 seconds. **Repeat 10 times.**



### Range of movement exercises

Lie or sit on the bed. Place a plastic bag under your heel. Aim to bend your knee by bringing your heel up towards your hip. **Repeat 10 times.**



## Patient Information

### Patella glides

Hold your knee cap as in the picture below. Push the knee cap over towards your other knee, down towards your toes and up towards your hip. Do **NOT** push your knee cap towards the outside of your leg. **Repeat 10 times in each direction.**



### Mobilisation

You will be able to **partially weight bear** as tolerated with the aid of elbow crutches for the first 4 weeks. At 4-6 weeks, an X-ray will be taken and if satisfactory, full weight bearing is allowed. Always be guided by your Consultant and your Physiotherapist.

### The brace

You will need to wear a T-ROM brace for the first 4 weeks to protect the osteotomy site. The hinges of the brace should be locked whilst mobilising. The hinges may be unlocked when sitting and free movement is allowed. The brace may be removed at night as comfort and confidence allows. Refer to the 'your **T-ROM brace**' leaflet for specific instructions.

### Discharge

You will usually be able to go home between one and two days after your operation. You will need to arrange for someone to drive you home. You should try to have a responsible adult stay with you for the first 24 hours.

## Patient Information

**Physiotherapy is essential after the operation and you will be contacted with an urgent outpatient physiotherapy appointment after your discharge from your local hospital. If you have not heard from outpatient physiotherapy department within 1 week please contact the department.**

If you have any concerns about your wound between therapy appointments please contact the hospital.

### **If you have any queries or concerns please contact:**

Rugby Physiotherapy Orthopaedic Department Telephone: 01788 663054

University Hospital Coventry and Warwickshire Telephone: 024 7696 6013

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact us on 01788 663054 and we will do our best to meet your needs.

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#### **Document History**

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