

Patellar (knee cap) tendon ruptures

Physiotherapy information for patients, relatives and carers

This information sheet aims to provide you with general information about your time in hospital and help you get the best possible results following your rupture and surgery. If you have any other questions or concerns, please do not hesitate to speak to the team caring for you.

Date:

Name:

Weight bearing status:

Consultant:

Tel:

Physiotherapist:

Tel:

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

Introduction

The aim of this booklet is to provide you with some general information about your time in hospital and to help you get the best possible result following your rupture and surgery.

This is only intended as a guide, and the information given may vary from patient to patient depending on the circumstances. Following your rupture, you will need to be careful how you treat your leg as it takes time for the tendon and muscles to heal. You will need to follow the advice given to you by your physiotherapist and surgeon.

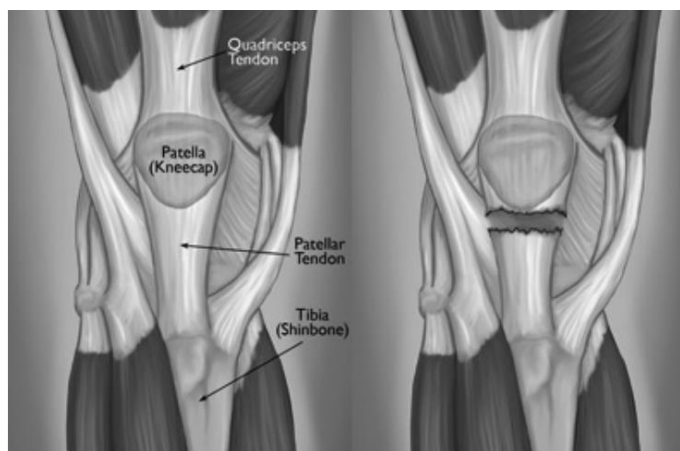
Physiotherapy largely consists of advice and exercises that should be completed daily at home. The exercises aim to maintain or improve the movement, strength and function of your leg.

If at any point during your rehabilitation you have difficulty following our advice or the exercises your physiotherapist has given you, please phone the orthopaedic physiotherapy team on 020 3299 2368 and ask to speak to one of the physiotherapists.

Anatomy

There are four main bones in the leg:

- femur (thigh)
- fibula (calf)
- tibia (shin)
- patella (kneecap)



The patellar tendon is connective tissue that runs from the patella itself to the tibia. A patellar tendon rupture is a complete break in this tissue. In addition to a rupture there might be damage to the surrounding soft tissues (muscles, skin, nerves, and ligaments) or the bones (as above).

Surgical management

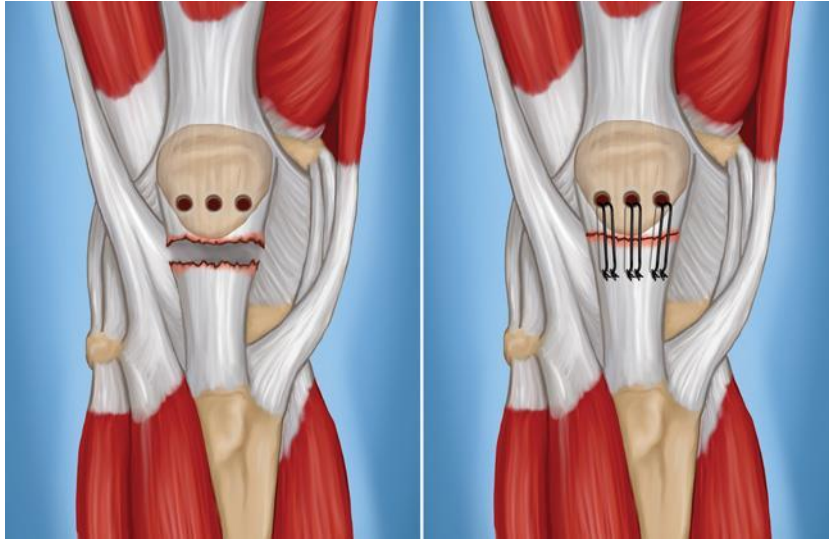
There are several factors a doctor will consider before contemplating surgery. These include:

- the cause of your injury
- your overall health and pre-existing medical conditions
- the severity of your injury
- the amount of damage to your soft tissues (muscles, skin, nerves, ligaments)
- your premorbid functional baseline

In this particular injury, restoration of the tendon through surgical management is the standard treatment.

Patellar tendon repair

During this procedure, sutures are placed in the tendon and threaded through drill holes in your kneecap. The sutures are tied at the top of the kneecap. They are tightened carefully to achieve similar positioning of the kneecap of the uninjured limb (Orthoinfo, 2016).



Pain management

It is important to remember that pain is to be expected following surgery to repair a tendon rupture.

Using an ice pack may give temporary relief from any discomfort and swelling. You can make up an ice pack by putting ice cubes in a plastic bag and wrapping this in a damp cloth. This can be applied to the affected area for 10 to 15 minutes at a time. You must be careful not to get the wound or dressing wet.

It is important to check the skin during and after using the ice pack. If the skin remains discoloured following the removal of the ice pack, or you develop any sudden and severe increases in pain, loss of feeling in the skin, ice burns (change in colour and/or broken skin) or wheals (a raised, itchy area of skin), stop using the ice pack and seek medical advice.

First day after your operation

Your physiotherapist will come to see you on the first day after your operation. They will start your exercise programme and help you to get out of bed and sit on a chair. Your physiotherapist will advise you how much weight you can put through your leg.

Weight bearing status: A weight bearing status is a way of explaining how much of your body weight you are allowed to place through your affected leg. Your physiotherapist will inform you of your weight bearing status and this will be documented on the front of this booklet.

Walking aids: Your physiotherapist will provide you with a suitable walking aid such as a frame, elbow crutches or stick, and will teach you how to use your aid/s to help you to get about. Using a walking aid allows you to take some or all of your weight off your affected leg, and will also help you to balance and enable you to regain some independence.

Advice on positioning: It is important to keep your leg elevated when resting, so that your ankle is higher than your hip. This position can help to reduce the swelling. Always rest with the knee in a straight position to maintain muscle length. Your physiotherapist will advise you on where to place the pillows in order to keep your leg elevated.

Knee brace: Your physiotherapist will provide you with a knee brace (see right) on your first day. They will fit it to your leg and teach you how to lock, unlock and adjust it. Normally, for the first 6 to 12 weeks your knee brace will need to be locked straight to allow your tendon to heal fully.



Subsequent days

Your physiotherapist will progress your exercises and mobility with the aim of helping you become independently mobile again. They will practice going up and downstairs with you if necessary.

You should continue to practice your walking and complete your exercises in between your physiotherapy sessions, with the help of the nursing staff or family members if needed.

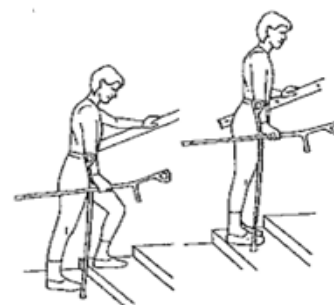
Stairs

If you have stairs at home your physiotherapist will teach you how to go up and down the stairs. Always use a stair rail or bannister if available, as well as your walking aid.

If you have any weight bearing restrictions, your physiotherapist will teach you the correct technique for going up and down the stairs.

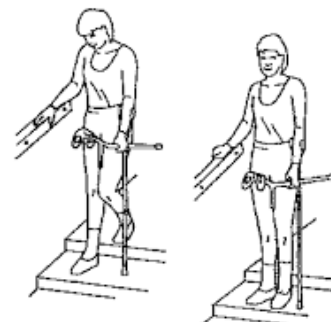
Going up

1. Non-operated leg
2. Operated leg
3. Crutch/stick



Going down (the opposite applies)

1. Crutch/stick
2. Operated leg
3. Non-operated leg



If you are worried about managing the stairs at home, please discuss this with your physiotherapist and occupational therapist.

Leaving hospital

Following your surgery, when you are medically well, the team of doctors, nurses and therapists will plan your return home with you. The physiotherapist will help you set goals that identify what you need to be able to achieve to go home. They will give you advice to help you plan for a safe discharge from hospital. If you require any additional or adaptive equipment or formal care support this will also be organised before your discharge home.

Rehabilitation after leaving hospital


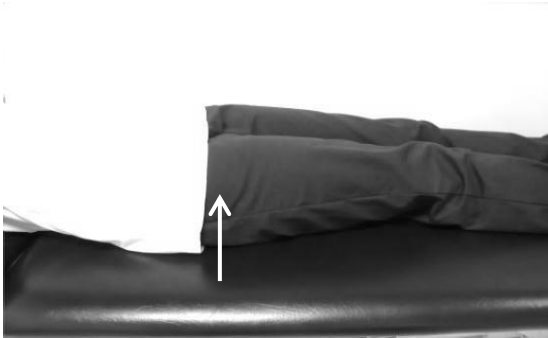
If you need any additional physiotherapy, your physiotherapist will arrange appropriate follow-up physiotherapy for you when you leave hospital. This will either be at your home or in your local physiotherapy department.

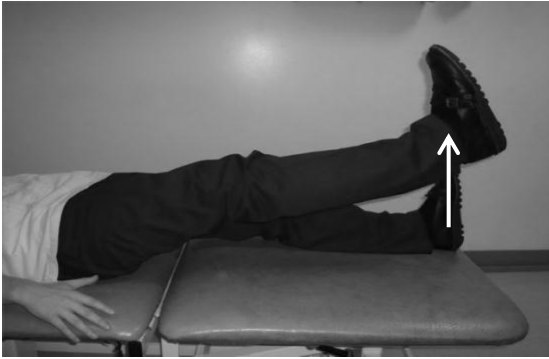

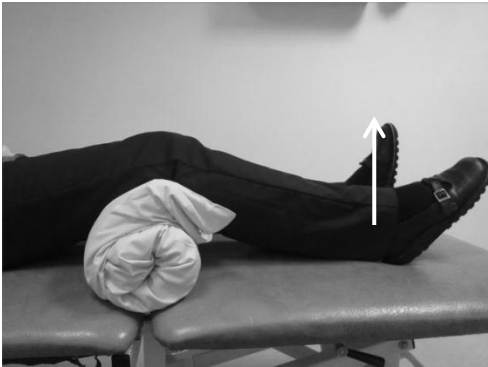

Exercises





These exercises aim to:

- improve movement and muscle strength
- prevent joint stiffness
- prevent muscle tightness
- increase or maintain circulation

You may find it helpful to time your pain medication with your exercises to enable you to get the most out of the exercises. **Please complete the exercises that have been marked by your physiotherapist three times per day. Repeat each exercise 10 times.**

	<u>Exercise</u>	<u>Description</u>
<input type="checkbox"/>	Static quads 	Lie on your back with your legs straight. Push your knee into the bed by tightening your thigh muscle while pulling your toes towards you. Hold 10 seconds. Relax.
<input type="checkbox"/>	Static glutes 	Tighten your bottom muscles together. Hold 10 seconds. Relax.

<input type="checkbox"/>	<p>Straight leg raise</p> 	<p>Lie on your back with your legs straight. Bend your other knee.</p> <p>Pull your toes towards you and lock your knee straight.</p> <p>Keeping your knee straight, slowly lift your foot 10 cm off the bed. Hold for 10 seconds. Relax.</p>
<input type="checkbox"/>	<p>Knee flexion</p> 	<p>Lie on your back with your legs straight.</p> <p>Slowly slide your heel towards you to bend your knee as far as you can, then straighten your leg.</p>
<input type="checkbox"/>	<p>Inner range quads</p> 	<p>Place a rolled pillow or towel under your knee. Pull your toes towards you.</p> <p>Push your thigh into the blanket and slowly lift your foot off the bed to straighten your knee.</p> <p>Hold 10 seconds. Relax.</p>
<input type="checkbox"/>	<p>Long arc quads</p> 	<p>Sit in a chair or on the edge of the bed with both feet on the floor.</p> <p>Pull your toes up towards you and slowly lift your foot to straighten your knee, then slowly bend your leg and lower your foot to the floor.</p>

<input data-bbox="140 219 240 293" type="checkbox"/>	<p>Knee flexion</p> 	<p>Stand facing the wall with your hands at shoulder height.</p> <p>Slowly bend your knee to lift your foot up behind you as far as you can, then lower your foot back down to the floor.</p>
<input data-bbox="140 721 240 795" type="checkbox"/>	<p>Hip flexion</p> 	<p>Stand on the unaffected leg and hold onto a firm support.</p> <p>Move the affected leg forwards and upwards bending at both the hip and the knee. Slowly lower the leg to the ground and repeat.</p>
<input data-bbox="140 1151 240 1225" type="checkbox"/>	<p>Hip abduction</p> 	<p>Stand in an upright position, hold onto a firm support and keep your upper body still.</p> <p>Move your affected leg sideways away from your body and then back to the centre.</p> <p>Move your leg in a slow and controlled manner and keep your kneecap facing forwards.</p>
<input data-bbox="140 1610 240 1684" type="checkbox"/>	<p>Hip extension</p> 	<p>Stand on the unaffected leg and hold onto a firm support.</p> <p>Keep your knee straight, move your affected leg directly backwards as far as is comfortably possible and then bring your leg back to the starting position.</p> <p>Keep your upper body still throughout.</p>

Useful contacts

- Inpatient Orthopaedics (Denmark Hill) 020 3299 2368
- Inpatient Orthopaedics (PRUH) 01689 864632
- Outpatient Physiotherapy (Denmark Hill/Dulwich Hospital) 020 3299 8220
- Outpatient Physiotherapy (Beckenham Beacon) 01689 866660

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: 020 3299 3601

Email: kch-tr.palsdh@nhs.net

You can also contact us by using our online form at www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: 01689 863252

Email: kch-tr.palspruh@nhs.net

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.