1.0 Policy Statement........................................................................................................ 2
2.0 Purpose..................................................................................................................... 2
3.0 Scope........................................................................................................................ 2
4.0 Health & Safety ........................................................................................................ 2
5.0 Responsibilities......................................................................................................... 2
6.0 Definitions and Abbreviations ............................................................................... 3
7.0 Guideline.................................................................................................................... 3
  7.1 Pre-Operative .......................................................................................................... 3
  7.2 Post-Operative ........................................................................................................ 3
  7.2.1 Patellar Stabilisation .......................................................................................... 3
  7.2.2 Patellar Tendon Repair ..................................................................................... 4
  7.2.3 Patellar Fracture ................................................................................................ 4
8.0 Related Documents .................................................................................................. 4
9.0 Appendices .............................................................................................................. 4
10.0 References ............................................................................................................. 4
1.0 Policy Statement

1.1 It is the policy of Cappagh National Orthopaedic Hospital to provide a patient focused physiotherapy service delivered by chartered physiotherapists and support staff working in a well-equipped environment.

1.2 It is the policy of Cappagh National Orthopaedic Hospital to provide health professionals and the public with the necessary advice and guidance on physiotherapy rehabilitation.

2.0 Purpose

2.1 The purpose of this guideline is to advise health professionals and patients on the physiotherapy rehabilitation of a person undergoing patella surgery.

3.0 Scope

3.1 This guideline applies to all staff involved in the care of a person undergoing patella surgery, community staff involved in the pre and post-operative care of the patient, the patient and their family.

4.0 Health & Safety

4.1 There are health and safety risks involved in patient care, namely risk of physical injury to patient and staff, risk of infection.

4.2 Physiotherapists have the necessary qualifications and clinical experience to carry out this guideline and to supervise unqualified support staff.

4.3 They must be eligible for membership of their professional body, the Irish Society of Chartered Physiotherapists (ISCP).

4.4 They undertake mandatory manual handling, basic life support training, fire safety, infection prevention and control and risk management.

4.5 They complete a minimum of 100 hours continuing professional development every three years as required by the ISCP.

5.0 Responsibilities

5.1 It is the responsibility of physiotherapists to implement this guideline.
6.0 Definitions and Abbreviations
Patella surgery may involve repair of a torn patellar tendon, stabilisation of the patella or management of a patellar fracture.

The patella is the kneecap. The patellar tendon arises from the distal end of the quadriceps muscle and attaches to the tibial tubercle on the front of the tibia (shin bone) just below the front of the knee. It is also attached to the bottom of the patella.

The patella moves within the femoral trochlea (a groove at the end of the femur or thigh bone). Patellar stabilisation involves surgical release of soft tissues around the patella to improve the tracking of the patella within the femoral trochlea.

7.0 Guideline
7.1 Pre-Operative
7.1.1 Patients should be evaluated prior to surgery, including:
    7.1.1.1 Assessment of joint range of motion, muscle strength, mobility and general function.
    7.1.1.2 Respiratory assessment and treatment if necessary.
    7.1.1.3 Explanation of post-operative physiotherapy management, including respiratory and circulatory exercises.
    7.1.1.4 Teaching independent bed mobility and transfers.

7.2 Post-Operative
7.2.1 Patellar Stabilisation
Patients are immobilised in cylinder cast for 6 weeks, partial weight bearing.

7.2.2 6 Weeks onwards
Patients are reviewed at 6 weeks. The cast may be re-applied for a further 2 weeks or removed and rehabilitation commenced. Emphasis is on achieving full active range of movement, strength and stability around the knee according to the patient’s ability.

7.2.3 3-6 Months
Aim to be fully rehabilitated 3-6 months following removal of cast.
7.2.2 **Patellar Tendon Repair**
Patients are immobilised in a cylinder cast or brace, depending on the surgeon’s preference, for a period of 6 weeks, partial weight bearing. On removal of plaster or brace, they are referred to physiotherapy, where progress is at the patient’s pace of ability. The use of crutches is discontinued as able. Aim for full range of motion and power by 6-12 weeks.

7.2.3 **Patellar Fracture**
7.2.3.1 Management for patella fractures varies considerably and therapists are advised to refer to the medical team for rehabilitation goals and instructions. However as a general guideline:

7.2.3.2 Conservative Treatment is indicated if the fracture is not displaced or only minimally displaced, and the patient can straight leg raise - immobilise in a cast or knee brace locked in extension for 4-6 weeks, and then begin gentle active movements and strengthening programme.

7.2.3.3 Surgical Treatment is indicated if the fracture pieces are displaced - the pieces are realigned and held with some combination of pins, screws and/or wires. Gentle movement can usually begins within a few weeks of surgery, progressing as able to a full movement and strengthening programme.

8.0 **Related Documents**
Individual Physio tools exercise sheets

9.0 **Appendices**
N/A

10.0 **References**
- Cluett J. Patella Fracture. Available from orthopaedics.about.com