

LOWER EXTREMITY TRAUMA PATIENT INSTRUCTIONS (www.drgrondin.com)

AROM=active range of motion PROM=passive range of motion. All periods of time mentioned are with respect to the operative day. WBAT=weight bearing as tolerated (full weight is allowed on the leg). NWB=no weight bearing. NWB means no body weight on the leg but the weight of the leg itself can rest on the ground.

Generally speaking, someone should bring you home from the hospital and stay with you for the first 24-48 hours after surgery as the medication you take for pain will make you drowsy and not fully autonomous for a day or two. **Keep the surgical dressing on and dry until your first visit** usually at 2-3 weeks in the clinic/CLSC.

Elevate the operated body part often during the first 2-6 weeks to diminish pain and swelling and hasten recovery. **Ice or commercially available freezable gel bags** on the surgical dressing for 30 minutes at least 3 times a day is very effective for pain relief and swelling control and **should be used in all cases.**

Patients with surgery on the lower extremity bones above the ankle require anticoagulation medication for 14 to 35 days to decrease the risk of blood clots in the legs with serious emboli to the lungs. Move the knees/ankles often on the non-operated and operated side (if allowed) to decrease the risk further.

Dr Grondin will see you 2 and 6 weeks after the operation to monitor your progress. **At the Notre dame clinic, delays are very common.** It is important to arrive on time to register and be seen by the nurse but once this is done, **it is allowed for you to leave for 20-30 minutes during the wait to go eat or pay the parking meter as the wait can last hours.** You will not lose your place in line. Dr. Grondin sees everyone who has registered.

The following are general guidelines. Your doctor will tailor these rules based on your specific injury.

HIP FRACTURES TREATED WITH PLATES

WBAT. Young patients that can easily move around in crutches may be put on NWB for 6 weeks. No movement restrictions. **35 days of anti-coagulation is needed.**

HIP FRACTURES TREATED WITH JOINT REPLACEMENT

Same instructions as plated hip but patients must also avoid bending the hip more than 90 degrees, internal rotation (having the knee caps face each other) and crossing the legs for 6 weeks **to prevent dislocations.**

MID AND DISTAL FEMUR OPERATED FRACTURES (thigh area)

AROM/PROM of hip/knee allowed. NWB for 6 to 12 weeks. Anticoagulation for 35 days needed.

QUADS TENDON, PATELLA BONE AND PATELLAR TENDON REPAIR (knee area)

No active knee extension for 6 weeks. Passive extension and active flexion to 45 degrees allowed. WBAT with the leg straight in zimmer splint. Anticoagulation for 1 month.

PROXIMAL, TIBIA OPERATED FRACTURE (knee and nearby shin area)

AROM/PROM of the knee/ankles allowed. The zimmer splint for comfort only for 2 weeks. NWB for 8-12 weeks. Anticoagulation for 14 days.

MID AND DISTAL TIBIAL OPERATED FRACTURE (shin area and ankle)

A plaster splint used for 2-3 weeks. Knee AROM/PROM is allowed. **Icing/elevating the leg is crucial here.** Once the splint removed ankle AROM/PROM allowed. WBAT at 8-12 weeks. Anticoagulation for 2-3 weeks

OPERATED ANKLE FRACTURE WITHOUT SYNDESMOSIS INJURY

A plaster splint for 2 weeks. AROM/PROM of ankle allowed after. NWB for 6 weeks. No anticoagulation.

OPERATED ANKLE FRACTURE WITH A SYNDESMOSIS INJURY

The operation day splint is exchanged for an Aircast brace (resembles a ski boot) at 2 weeks. The air cast is worn full time for another month removing the boot maximum 1h/day for showers and hygiene. From week 6 to 12, the Aircast is worn when walking only. No more brace at 3 months. Ankle AROM/PROM allowed at 6 weeks.

ACHILLES REPAIR

Plaster splint for 2 wks exchanged for Aircast with 3 x1.25cm heel wedges inside after. WBAT at 2 wks in Aircast. No active ankle flexion for 6 weeks. Active extension to neutral allowed at 2 wks, past neutral at 6wks. Remove 1 wedge every 3 weeks after until one wedge remaining then switch to running shoe with 1 wedge for 1 month.

Call info santé (811) or your CLSC if you have a temperature >38C past the 3rd day or more than 38.3C, if the pain is not controlled by medication and elevation and if there is a constant calf pain (not only from time to time) that persists more than 24 hours.