

JORGE CHAHLA MD, PHD

MIDWEST
ORTHOPAEDICS
at RUSH

FOLLOW US



SURGICAL
BOOKLET

Jorge Chahla, MD, Ph.D.

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MIDWEST
ORTHOPAEDICS
at RUSH

Dear Valued Patient,

Thank you for allowing our team the opportunity to take care of you. Providing an excellent and unparalleled surgical experience for you is of the utmost importance to us. We have created this booklet as a guide for you for your upcoming procedure.

Please thoroughly read through all of the necessary sections to appropriately prepare for your surgery day. My team and I hope that you find this information helpful as you work towards a better, more active lifestyle. If you have any questions or concerns, please do not hesitate to call (312) 432-2531 or email Chahlapractice@rushortho.com. Our website jorgechahlamd.com has information on every condition and procedure that we perform.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jorge Chahla', with a stylized flourish at the end.

Jorge Chahla, MD, PhD

*“You never know how strong you are, until being
strong is the only choice you have”*

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IMPORTANT CONTACT INFO

Keep this information close as you might need these numbers during your recovery

Administrative Assistant

Can be contacted at (312) 432-2531
or Chahlaadmin@rushortho.com

Clinical Team

Can be contacted at
chahlapractice@rushortho.com

Sports Medicine Scheduling

To schedule an appointment
please contact (708) 236-2701 or
schedulingteam1@rushortho.com

Billing Questions

(708) 236-2607

Medical Record Requests

(312) 432-2316

Durable Medical Equipment

(312) 432-2482

Evenings, nights and weekends, call Dr. Chahla's Team

at (312) 243-4244 and ask for Dr. Chahla's Fellow
OR go to your local or Rush's emergency room.

POSTOPERATIVE CONTROL

Your First Postoperative Appointment Will Be At

Location

CHECKLIST

Before Surgery

- ☐ Obtain Preoperative Clearance and have results faxed to the office 1 week prior to surgery.
- ☐ Schedule your initial post-operative physical therapy session for the first day after your surgery.
- ☐ Set up initial postoperative appointment with our office.
- ☐ **Medications** Stop taking medications as instructed per your PCP.
 - ☐ **2 weeks before surgery** stop herbal supplements, narcotics and NSAIDs.
 - ☐ **7 days before surgery** Stop blood thinners unless instructed otherwise by the prescribing provider.
 - ☐ **24 hours before surgery** Stop alcohol use.
- ☐ **Durable Medical Equipment** Get fitted for braces, crutches and review cold therapy units before surgery if indicated.
- ☐ Pick up Post-operative medications from your pharmacy.
- ☐ **Midnight the night before surgery** Do not eat or drink between now and your surgery.
- ☐ Financial obligation form if applicable.

CHECKLIST

On The Day Of Surgery

Arrive on time to surgery center or contact either our office at (312) 432-2531 or the appropriate surgery center if unforeseeable delays arise.

Please Bring

- ☐ This booklet!
- ☐ A legal picture identification.
- ☐ Insurance Card.
- ☐ Assistive devices / Braces that you might have.
- ☐ Paperwork if not submitted previously.
- ☐ Medication list.
- ☐ Non-slip, flat, closed toe, athletic or walking shoes.
- ☐ One credit card if needed for the day.
- ☐ A book, magazine or hobby item.

Please Do Not Bring

- ☐ Jewelry and piercings.
- ☐ Valuables.
- ☐ Remove contacts and wear eyeglasses.
- ☐ Remove acrylic nails.

CHECKLIST

After Surgery

- ☐ **Pain Management** Please contact our office if pain is not well managed.
- ☐ **Wound Management** Please refer to wound management section.
- ☐ **Diet** Resume normal diet the day of surgery
- ☐ **Preventing Blood Clots** Do the home exercises, take aspirin or lovenox as instructed.
- ☐ **Exercises** Please start home based program as soon as possible (same day of surgery)
- ☐ **Physical Therapy** Start on day 1 postoperative

BEFORE SURGERY

BEFORE SURGERY

1. Do I Need Preoperative Clearance?

All patients are required to obtain preoperative medical clearance. If you do not currently have a primary care doctor, the following groups of doctors are more than happy to help you complete the pre-operative requirements. Once you have a surgical date, contact your PCP or one of the following practices to [schedule your appointment within 30 days of your surgical procedure.](#)

RUSH CENTER FOR PREOPERATIVE MEDICINE

Located at 1725 W. Harrison, Suite 155,
Chicago, IL 60612.

PHONE: 312.942.4300 FAX: 312.942.6685

ZAVALA INTERNISTS, S.C.

**Dr. Gilberto Zavala, Dr. Myriame Casimir,
Dr. Albene Kokocinski**

Located at 1725 W. Harrison, Suite 318,
Chicago, IL 60612.

PHONE: 312.942.6647 FAX: 312.942.3730

EARVOLINO & ASSOCIATES

Dr. Nancy Bryan

Located at 1700 W. Van Buren, 5th Floor,
Chicago, IL 60612

PHONE: 312.942.4000 FAX: 312.942.3012

WEST LOOP UNIVERSITY MEDICINE

Dr. Frank Kelly

Located at 1725 W. Harrison, Suite 010,
Chicago, IL 60612

PHONE: 312.942.6013 FAX: 312.829.2024

ASSOCIATES IN INTERNAL MEDICINE

Dr. Pamela Strauss, Dr. Amy Hooberman, Dr. David A. Ansell

Located at 1725 W. Harrison, Suite 263,
Chicago, IL 60612.

PHONE: 312.942.6700 FAX: 312.942.3633

RUSH PRIMARY CARE CHICAGO POB 010

Dr. Shaila Pai Verma

Located at 1725 W. Harrison, Suite 010,
Chicago, IL 60612

PHONE: 312.942.6700 FAX: 312.942.3633

RUSH OAK PARK PHYSICIANS GROUP

Dr. Bryan Moline, Dr. Catherine Koop-Desimone, Dr. Juan Cobo

Located at 610 S. Maple Ave, Suite 4600,
Oak Park, IL 60304

PHONE: 708.660.2240 FAX: 708.660.2243

BEFORE SURGERY

If the PCP requires additional screening after the initial evaluation, it is the patient's responsibility to obtain further testing before proceeding with surgery.

If any specialists (such as a pulmonologist or endocrinologist) are involved in patient care, additional clearance from the respective specialist is required.

Medical clearance results may be either faxed to (708) 409-5179, Attn: Dr. Jorge Chahla office or emailed to chahlapractice@rushortho.com.

Medical clearance must be obtained within 30 days of surgery. Please ensure our office has received clearances at least 7 days prior to your procedure. **Failure to obtain medical clearance may result in the cancellation of surgical procedures for the safety of the patients.**

2. Postsurgical Appointments

Office Visit

Make a postsurgical office appointment as directed by our team.

Physical Therapy Appointment

You can make arrangements to attend physical therapy for the day after surgery unless instructed otherwise. You will get the prescription at the time of surgery, but you can make the appointment before. Plan on attending outpatient physical therapy at least 2-3 days per week at the beginning of the recovery process.

3. Medications To Stop Before Surgery

14 Days Before Surgery, You Need To Stop:

- ☐ Any Narcotics (such as Vicodin, Norco, Darvocet, Percocet or Oxycontin).
- ☐ Stop NSAIDs (Advil/ibuprofen, Aleve/naproxen, etc.) * If pain is severe, Advil is allowed on an as needed basis.
- ☐ St. John's Wort.

7 – 10 Days Before, You Need To Stop:

- ☐ Blood thinners need to be discontinued, with written permission from your physician (example: Plavix, Coumadin, Warfarin, prescribed Aspirin)

Medications That Are Okay To Take Prior To Surgery:

- ☐ Tylenol
- ☐ Celebrex
- ☐ Glucosamine Chondroitin Sulfate
- ☐ Daily Vitamins

If you are taking any other medications that are not listed, **review with your primary care physician.**

4. Medical Equipment

Durable Medical Equipment Information

If Dr. Chahla asked you to get any **special braces** for your surgery, make sure to do this as soon as you can. That way you can try the brace on prior to surgery to test out how to function at home in this brace. If you did not get a prescription for a brace, one will be provided for you from the hospital. Contact information for different vendors is listed below.

Crutches - Sling - Durakold - Hinged Knee Brace - Polar Care Ice Machine - Recovery Plus

Company: Midwest Orthopaedics at Rush - Department of Durable Medical Equipment.

Phone: (312) 432-2482

Recovery Plus - Ice/Compression Machine

Company: Motion Medical - Integrated Orthopaedics.

Phone: (888) 847-6903

CPM (Continuous Passive Motion) Machine

Company: Obility Medical.
Contact: Marchae King.

Phone: (773) 477-8991 x 103

Email: mking@obilitymedical.com

CyMedica Neuromuscular Electrical Stimulation (NMES) - Hinged Knee Brace

Company: CyMedica.
Contact: CyMedica Customer Service.

Phone: (844) 296-2014

If you are unclear as to the equipment that may be prescribed for you following surgery, please call the office. Following surgery, we recommend that you contact the DME company directly with any concerns. The DME company will contact your insurance company prior to your surgery to verify your Durable Medical Equipment (DME) benefits.

Acknowledgement Of Patient Responsibility

You are currently scheduled for surgery with Dr. Jorge Chahla and may be prescribed durable medical equipment for postoperative use. Equipment may include a brace, Continuous Passive Motion (CPM) Machine, Ultrasling (shoulder) brace, Continuous Passive Motion (CPM) Machine (hip), or an ice compression device (knee, elbow or shoulder). It is recommended that you use the equipment prescribed to facilitate your postoperative recovery and rehabilitation. We believe that when prescribed, these devices are an integral part of achieving a successful outcome.

Miomed, Motion Medical Technologies and Midwest Orthopaedics at Rush are the primary companies that our office works with to provide equipment if it is deemed medically necessary by Dr. Chahla. Other companies may also provide similar equipment. Prior to your surgery, our office will submit your insurance and pertinent clinical information to the appropriate company so that they can verify your insurance benefits. Their staff will attempt to contact you before surgery to discuss your insurance coverage and the possibility of "out-of-pocket" expenses. Out-of-pocket expenses will depend on the terms of your individual insurance policy. Please understand that by its very nature, insurance is considered "risk sharing" and most carriers will not cover all aspects of your peri-operative care, leaving some expenses for patient responsibility.

Following your surgery, if the insurance does not cover the prescribed equipment, the company will submit a letter of medical necessity to your

insurance to appeal this decision. There is no guarantee of payment and certain insurance policies will not cover equipment, regardless of the significant benefit and medical necessity. Please contact your insurance company prior to your surgery to verify your Durable Medical Equipment (DME) benefits.

If you are unclear as to what equipment may be prescribed for you following surgery, please call the office of Dr. Chahla at (312) 432-2531. Following surgery, we recommend that you contact the DME company directly with any concerns. You may also contact the equipment companies directly.

Insurance & Financial Obligations

Credit Card Policy

Midwest Orthopaedics at Rush requires a valid credit card or direct bank debit account information prior to services being rendered. Your credit card/bank account will not be charged until 60 days after the services have been processed by your health insurance carrier and the balance has been deemed your responsibility. You will be notified on your statement of any outstanding balances prior to us charging your Credit Card or initiating an ACH payment from your bank.

If a valid Credit Card or Bank Account insurance is not provided and you are scheduled to have surgery, a deposit will be required to hold your surgical appointment. The deposit will be applied to whatever patient balances are paid by your health insurance carrier (such as deductibles, co-insurance, co-pays, and/or non-covered services). If the insurance carrier's benefits plus the amount on deposit exceed the amount owed for services, the difference will be refunded back to you.

ON THE DAY OF SURGERY

ON THE DAY OF SURGERY

Instructions

- ☐ Do **NOT eat or drink anything** after midnight before your surgical date.
- ☐ Do not drink alcohol or use recreational drugs for 24 hours prior to surgery and for 24 hours after.
- ☐ If you use an inhaler on a regular basis, please bring it with you to your procedure.
- ☐ If you have an illness such as a cold, sore throat, or stomach or bowel upset, please notify the office as soon as you can.
- ☐ Contact lenses, jewelry, piercings in and around the mouth, and dentures must be removed at the time of surgery. If you have acrylic nails, please remove one nail from any finger, as our oxygen monitoring sensors do not penetrate acrylic nails.
- ☐ Take only prescribed medications instructed to be continued by your PCP, such as for hypertension (high blood pressure) or arrhythmias (irregular heartbeat). Be sure to inform your anesthesiologist of these conditions the day of surgery. If you take any of the following medications for your blood pressure, it is important that you discuss taking them with the anesthesia provider: *Benazepril (Lotensin), Captopril (Capoten), Enalapril (Vasotec/Renitec), Fosinopril (Monopril), Lisinopril (Lisodur/Lopril/Novatec/Prinivil/Zestril), Perindopril (Coversy/Aceon), Quinapril (Accupril), Ramipril (Altace/Tritace/Ramace/Ramiwin), Zefenopril, Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan)*

ON THE DAY OF SURGERY

- ☐ A responsible adult must accompany you to the procedure, remain in the office during the procedure, drive you home, and stay with you at home for 24 hours after the procedure. A taxi/Uber will not be allowed without a responsible adult accompanying you.
- ☐ If you are taking diabetic medications, you should **check with your PCP** to determine if you should take these medications on the morning of surgery.
- ☐ While taking narcotic pain medication, you will not be permitted to drive. You may need to arrange for transportation to your initial follow-up visit.

What Should I Bring To Surgery?

- ☐ Photo ID
- ☐ Insurance Card
- ☐ Friend or family member who will be available the entire time and take you home after surgery
- ☐ Wear comfortable, loose fitting clothing

Shoulder/elbow surgery: zip-up or button-down shirt

Knee surgery: loose fitting pants or shorts

Hip surgery: loose fitting pants or shorts

- ☐ If you have any durable medical equipment provided prior to surgical date, such as brace/crutches, sling or icing units, please bring to surgical facility.

Surgical Locations And Parkings



Rush SurgiCenter

1725 West Harrison Street
Chicago, IL 60612

Professional Building, Suite 556, access Elevator III

Phone: (312) 563-2880

Parking: Parking garage at Rush University Medical Center.

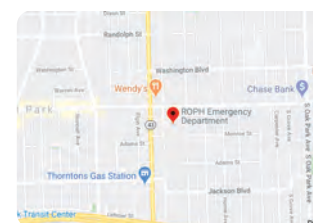


Rush Oak Brook Surgery Center

2011 York Road
Oak Brook, IL 60523

Phone: (630) 990-2212

Parking: Valet Parking available at building entrance.
Parking available in parking garage in Patient Designated Area.



Rush Oak Park Hospital

520 South Maple Avenue
Oak Park, IL 60304

Phone: 708-383-9300

Parking: Complimentary parking is available around the building.



Munster Surgery Centers

9200 Calumet Ave., Suite S-300 (West Side of Street)
Munster, IN 46321

South Suburban Surgical Suites: 219-595-0601

Munster Specialty Surgery Center: (219) 595-0789

“Leave ALL valuables at home”

ON THE DAY OF SURGERY

Arrival Time

The surgical facility will contact you a call the day before surgery to notify you of your arrival time/surgical time.



Gold Coast SurgiCenter: (312) 521-5500

Munster Specialty Surgery Center: (219) 595-0789

Rush Oak Park Hospital: (708) 660-4800

Rush Oak Brook Surgery Center: (630) 990-2212

Rush Surgicenter: (312) 563-2880

South Suburban Surgical Suites: 219-595-0601

If you have not been contacted by 3:00pm the day before your surgery date, please call Dr. Chahla's office at (312) 432-2531 and email chahlapractice@rushortho.com.

If you are traveling from out of town, please call the hospital (numbers above) and let them know how they can reach you in regard to your surgical time. Let them know your cell phone number and where you will be staying the night before your surgery.

Anesthesia

General

General anesthesia is used for many types of major surgery. During general anesthesia the entire body, including the brain is anesthetized. The patient has no awareness, feels nothing, and remembers nothing of the surgical experience afterward. General anesthesia is administered by injecting a liquid anesthetic into a vein, or by breathing a gas anesthetic flowing from an anesthesia machine to the patient through a mask or tube. A plastic endotracheal tube or a mask placed over the airway is frequently used to administer gas anesthetics. With the tube in place, the airway is protected from aspiration of stomach fluids into the lungs. It is normal to have a slight sore throat after your surgery and sometimes nausea.

Regional

Injection of anesthetic into the neck region for shoulder and elbow surgery and on the thigh for knee surgery blocks pain impulses before they reach the brain. With this anesthetic, mental alertness is unaffected. Sedation, or even sleep may be offered to make you comfortable throughout the surgical experience. To receive the injection, you lie down while the anesthetic is injected into the neck or shoulder region. To make placement of the needle almost painless, your skin is first numbed with local anesthetic. This anesthetic may last for 6 to 8 hours and sometimes longer. It is important to start taking your postoperative pain medicine as soon as you begin to feel the onset of discomfort or when the numbness begins to wear off.

Your anesthesiologist will speak with you directly prior to surgery to review your choice of anesthesia

What to Expect?

Once you have completed registration, you will be escorted to the surgical center. Here you will meet the nurses that will take your vitals, help you change into a hospital gown, and then escort you to the pre-operative holding area. One family member may accompany you (or both parents if the patient is a minor) to the holding area. You will then see a Physician Assistant who will answer any last minute questions and speak with the anesthesia team regarding the procedure. Dr. Chahla or one of his Physician Assistants will contact your family when your surgery is completed and you are on your way to recovery. Once the nursing staff feels that you are ready to be transported to your room, your family will be contacted with that room number where they will meet you.

Discharge Instructions

Your instructions will be reviewed with your family while you are in recovery. A folder will be given to you with physical therapy prescription, postoperative instructions and rehabilitation protocol.

AFTER SURGERY

Pain Management

Recovering from any surgery involves pain and discomfort. The Hospital's team approach to pain management can help reduce your discomfort and thus speed your recovery. Pain management, however, begins with you. Since no objective tests exist to measure what you are feeling, you must help the staff by describing the pain, pinpointing its location and judging its intensity, as well as reporting any changes. Pain may be constant or sporadic, as well as sharp, burning, tingling or aching. A pain scale is used to help you and the staff gauge the level of pain and effectiveness of treatment.

People used to think that severe pain after surgery was something, they "just had to put up with." While it is reasonable to expect some discomfort following surgery, the current treatment options greatly reduce the level of pain most patients have. Your description will help us provide you with a plan of care. Even under your personal pain management program, your pain level may change at times.

Tips For Effective Pain Management

- Take your pain medication as prescribed but expect to use less after the first week or so.
- Take your pain medication before the pain becomes severe. Use cold therapy and other measures to help reduce discomfort.
- If your pain medication seems weak or you are experiencing unpleasant side effects, do not hesitate to call your surgeon's office.
- If you are taking pain medication, avoid alcoholic beverages.
- It is important to notify your team if you require additional pain medications. The surgeon and nurse practitioners will customize your plan to meet your needs.


Wound Management

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs.
- It is normal for the incisions to bleed and swell following surgery. If blood soaks onto the dressing, do not become alarmed, reinforce with additional dressing.
- To avoid infection, keep surgical incisions clean and dry for the first 7 days following surgery - you may shower by placing a plastic barrier over your surgical site beginning the day after surgery. Wait until your first post operative appointment to have Dr. Chahla's team remove the surgical dressing.
- Please do not place any ointments lotions or creams directly over the incisions.
- Once the sutures are removed at least 7-10 days post operatively you can begin to get the incision wet in the shower (water and soap lightly run over the incision and pat dry). NO immersion in a bath until given approval by our office.

What Should I Eat


After surgery you may resume a regular diet, unless instructed otherwise. We recommend that you start with a light meal and progress as tolerated. On the next page you will find foods that can improve inflammation after surgery.

AFTER SURGERY




FIGHT

ANTI INFLAMMATION FOODS




CAUSE

Tomatoes





Fruits

Strawberries
Blueberries
Oranges
Cherries




Fatty Fish

Salmon
Mackerel
Tuna
Sardines




Olive Oil



Leafy Greens


Spinach
Kale
Collards
others




Nuts

Almonds
Walnuts
others


Fried Foods




Sodas



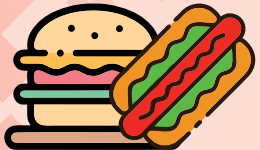
Refined Carbs



Lard



Processed Meats



EAT MORE

EAT LESS

Preventing Blood Clots

After surgery, clots called deep vein thromboses (DVT) may form in the leg veins. In rare cases, these leg clots travel to the lungs where they may cause additional symptoms. To prevent and reduce the incidence of clot formation, mechanical devices (foot or calf pumps) are used while you are in the Hospital to squeeze the leg muscles, thus maintaining blood flow in the veins. Also, a medication to minimize clot formation, such as warfarin (Coumadin), enoxaparin (Lovenox) or aspirin, will be prescribed.

Leg Swelling

Following surgery, most patients develop swelling in the operated leg or arm. Although the amount of swelling can vary from patient to patient, the swelling itself, in the leg, knee, ankle or foot, is normal and may be accompanied by "black and blue" bruising that will usually resolve gradually over several weeks.

For the first month after your operation, prolonged sitting with your foot in a down position tends to worsen the swelling. You should not sit for more than 30 to 45 minutes at a time. Periods of walking should be alternated with periods of elevating your leg in bed. When elevating the leg, the ankle should be above the level of the heart. Lying down for an hour in the late morning or afternoon helps reduce swelling.

To Prevent Or Reduce Leg And Ankle Swelling:

- Elevate operated leg or arm in bed on one to two pillows while lying flat.
- Avoid sitting for longer than 30 to 45 minutes at a time.
- Perform ankle exercises.
- Apply ice to your surgical area for 20 minutes a few times a day (before and after exercises).

AFTER SURGERY

Home Exercises

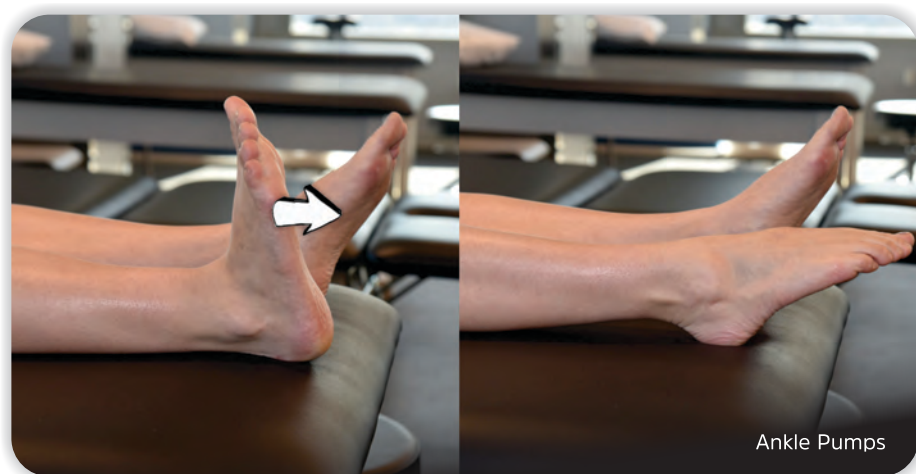
You should start a home-based exercise program the day of surgery if you were not able to get an appointment with physical therapy. These are not meant to substitute physical therapy.

Ankle Pumps

Purpose To promote blood circulation in the lower legs

- Lie on your back with both legs straight.
- Bring your feet upwards, "toes to your nose," moving them from the ankle.
- Now point both feet downwards, like pressing on a gas pedal.
- Make sure to move the feet and ankles up and down through the full range of motion.

Perform 30 repetitions, 12 times daily.



Heel Slides

Purpose To help strengthen the muscles and encourage movement of the entire lower extremity.

- Lie on your back with both legs straight.
- Slowly slide your heel toward your buttock.
- Bend the hip and knee of your operated leg to a 45° angle.

Perform 10 repetitions, 4 times daily.



Prone Hang

Purpose The prone hang exercise is a simple method to use to help improve your knee extension after injury or surgery. Knee extension refers to your knee's ability to straighten out all the way.

- Locate a bed that has at least one side with ample amount of room around it.
- Lie on the bed on your stomach.
- Slide down on the bed to the edge so your leg is hanging over the end. Your thigh should be supported on the bed, but your lower leg should be hanging off the bed.
- You can place a small rolled-up towel underneath your thigh just

AFTER SURGERY

above your kneecap. This helps to keep from placing too much pressure on your kneecap.

- Remain in this position for 30 to 60 seconds. Allow gravity to pull your lower leg down towards the floor so your knee straightens out.
- You may feel some discomfort in this position. If you feel intense knee pain, stop the exercise. You may need to find alternative ways to improve your knee ROM.

Perform 10 repetitions, 4 times daily.

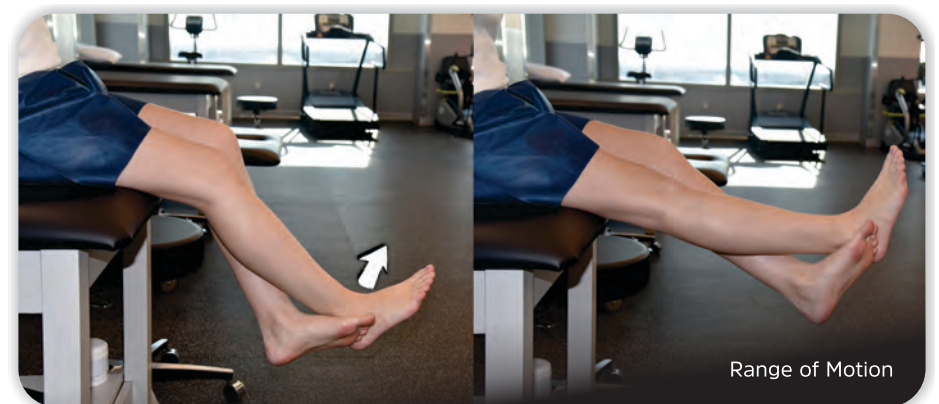


Assisted Knee Range of Motion

Purpose In general, this exercise will help to strengthen your knee and thigh muscles, and it will help you regain range of motion in your knee. If you had a posterior cruciate ligament (PCL) reconstruction this should be done lying down on your belly (prone). Our team will instruct you on how to modify this exercise.

- Sitting upright with your thighs supported in a chair, bend your operative knee as far back as possible and hold for ten seconds.
- Strengthen your operative knee as far as possible and hold for five to ten seconds then relax.
- The non-injured knee can help support the injured leg as illustrated below.
- Goal is to have 0 - 90° degrees of range of motion by the second week.

Perform 10 repetitions, 4 times daily.



Quadriceps Set

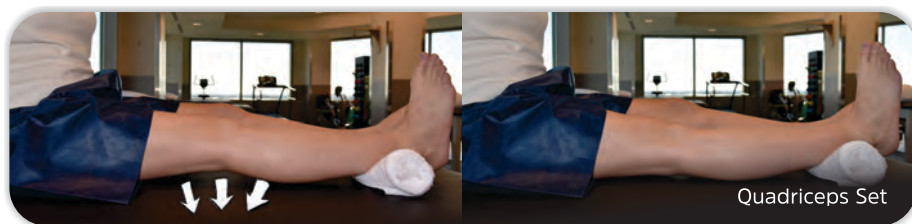
Purpose To help strengthen the front thigh muscles (quadriceps)

- Lie on your back with a small towel under the knee on the operated side. (Towel under the knee is optional and may improve comfort.)
- Slowly tighten your thigh muscle (quadriceps) by pushing the back of your knee down into the bed.
- Do not let your heel come off the bed

AFTER SURGERY

- Hold this contraction for 5 seconds, and then slowly release.
- Rest between each contraction.

Perform 15 repetitions, 8 times daily.



Straight Leg Raises

Purpose To help strengthen the front thigh muscles (quadriceps)

- Lie on your back, with your uninvolved knee bent. Straighten your other knee with a quadriceps muscle contraction.
- Slowly raise your leg until your foot is about 12 inches from the floor. Slowly lower it to the floor and relax.
- Rest between each contraction.

Perform 15 repetitions, 8 times daily.



Physical Therapy and Post-Operative Rehabilitation

Physical therapy is a critical part of the postoperative and recovery process. Upon discharge from the surgical facility, you will receive a physical therapy script and Dr. Chahla's rehabilitation protocol. Physical therapy should begin 24-48 hours after surgery. If you do not have a specific physical therapy facility that you visit, Dr. Chahla and his medical team will provide recommendations around the Chicagoland area. If you know where you would like to complete physical therapy, please alert the office, and we will fax the referral to your preferred facility in advance.

Midwest Orthopaedics
at Rush has the
following PT/OT
facilities.

LINCOLN PARK
Lincoln Park-Physical Therapy
and Sports Performance Center
2540 N. Lincoln Ave.
Chicago, IL 60614
Phone: (708) 492-5740

NAPERVILLE
Physical and Occupational Therapy
Midwest Orthopaedics at Rush
55 Shuman Blvd., Suite 700
Naperville, IL 60563
Phone: (630) 339-2270

ORLAND PARK
Physical Therapy
18016 Wolf Rd
Orland Park, IL 60467
Phone: (708) 492-5710

WESTCHESTER
Physical and Occupational Therapy
Prairie Medical Center
2450 S. Wolf Road
Westchester, IL 60154
Phone: (708) 273-8410

CHICAGO
Physical and Occupation Therapy
Midwest Orthopaedics at Rush
1611 W. Harrison Ave. Suite 107
Chicago, IL 60612
Phone: (312) 432-2513

OAK BROOK
Physical and Occupation Therapy
Midwest Orthopaedics at Rush Oak Brook
2011 York Road
Oak Brook, IL 60513
Phone: (877) 632-6637

GENEVA
Physical Therapy
2000 W. State St. - Suite F
Geneva, IL 60134
Phone: (708) 492-5720

OAK PARK
Physical Therapy
Rush Medical Office Building
610 S. Maple Ave., Suite 1550
Oak Park, IL 60304
Phone: (312) 432-2826

MUNSTER
Physical and Occupation Therapy
Midwest Orthopaedics at Rush Munster Indiana Office
9200 Calumet Ave., Suite S-300
(West Side of Street) Munster, IN 46321
Phone: (708) 492-5460

Return to Work Information

Return To Work After Knee Surgery

If you are having a reconstruction or a repair performed (i.e., ACL reconstruction, meniscus repair, cartilage transplant or other larger procedure), you might have a hinged brace on for four to six weeks after surgery. Your weight-bearing will be adjusted in accordance with the procedure that was performed. You may be asked by Dr. Chahla to protect your weight-bearing for upwards of four to six weeks. During this time, you will have two crutches in addition to the brace. Remember that you will likely be on some mild narcotic pain medications postoperatively, and these should be discontinued before you return to work or drive. Please note that adjustments may need to be made at work accordingly. Simple adjustments such as a second chair to put your surgical leg on, availability of ice packs, and other "comfort items" can make a significant difference. It is reasonable to return to work safely when you feel like you can do so, as long as you are compliant with the brace recommendations and weight-bearing restrictions provided to you by Dr. Chahla after surgery.

After simpler knee surgeries such as knee arthroscopy with meniscectomy, cartilage debridement, etc., it is safe to return to work and be full weight-bearing when you can tolerate doing so. You are then only going to be limited by your own soreness, stiffness, and discomfort. Please consider that for physical activities such as squatting, kneeling, climbing, and heavy lifting, you should likely plan to allow for four or more weeks of recovery before returning to these type of activities. If at any point you have questions regarding your return to work processes and postoperative activities, email to Dr. Chahla's office at chahlapractice@rushortho.com

Return To Work After Shoulder Surgery

If your shoulder surgery involves having a repair performed (e.g., superior labral repair, rotator cuff repair, etc.), you will have a sling on for up to four to six weeks following surgery. As long as you can abide by the restrictions, you can return to work when you feel like you can do so safely. However, you will need to take into consideration driving and activities related to your job. The sling will need to be worn all day during this postoperative protection phase, but you can safely loosen the sling or take it off and have your elbow comfortably in your lap for short periods of time (i.e., keyboarding, writing with elbow close to side, or similar "safe/gentle" activities). Please expect that you will not be able to work with the arm away from the body, above shoulder level, or really use the arm against gravity until after six to eight weeks postoperatively. Please note that there may be modifications related to these recommendations depending upon what exactly was repaired during surgery.

If your surgery **does NOT involve a repair** (e.g., subacromial decompression, distal clavicle excision, biceps release, capsular release, etc.), then you will be in a sling only for a few days after surgery and, when comfortable, you can return to work when ready to conduct normal activities of your job. Remember that you will likely be on some mild narcotic pain medications postoperatively, and these should be discontinued before you return to work or drive. You will likely only be limited by your own level of discomfort with the activities required of your job. Please allow four or more weeks, however, for heavier lifting and physical labor, etc. Please note that there may be modifications related to these recommendations depending upon what exactly was treated during surgery.

Return To Work After Hip Surgery

If you are having a labrum repair, you might have on a hip brace on for four to six weeks after surgery. Your weight-bearing will be adjusted in accordance with the procedure you had performed. You may be asked by Dr. Chahla to protect your weight-bearing for 4 to 6 weeks. Remember that you will likely be on some mild narcotic pain medications postoperatively and these should be discontinued before you return to work or drive. Please note that adjustments may need to be made at work accordingly. Simple adjustments such as a second chair to put your surgical leg on, availability of ice packs, and other "comfort items" can make a significant difference. It is reasonable to return to work safely when you feel like you can do so, as long as you are compliant with the brace recommendations and weight-bearing restrictions provided to you by Dr. Chahla after surgery.

Although hip arthroscopy is done in a minimally invasive fashion, there is a lot of work that was done in your hip. You are then only going to be limited by your own soreness, stiffness, and discomfort. It is beneficial to change positions often after hip arthroscopy. Alternate sitting, reclining and lying down as much as you can tolerate. We recommend you get moving once every 30 minutes to prevent stiffness. Do not stay in a seated position for longer than 30 minutes. If you need a work note to get up from your desk, please let us know and we can send it to your employer. Spend 2 to 3 hours per day on your stomach (you can take the brace off for this) to help keep the hip straight. Laying around too much will make you stiff, so try to move around your home as you can tolerate. Perform ankle pumps (like pushing the gas pedal) and elevate the legs to help prevent blood clots.

FREQUENTLY ASKED QUESTIONS

Once your surgery is complete and you are on your way to the recovery room, a physician assistant will speak with your family. All of your discharge instructions will be reviewed with them at this time, along with your discharge medications, sling use, and physical therapy.

What If My Surgical Site Swells After Surgery?

It is not uncommon to experience swelling after surgery. Sometimes, you will not swell until several days after your surgery. Remember that your body is healing from surgery and some swelling

What If My Surgical Site Swells After Surgery?

It is not uncommon to experience swelling after surgery. Sometimes, you will not swell until several days after your surgery. Remember that your body is healing from surgery and some swelling is normal. The more activities and physical therapy you perform, the more swelling you may experience. With that said, we do want you to remain active and participate in therapy. But, the swelling will decrease by using ice often. You should be alarmed if you have swelling for several days that is accompanied by redness and heat or coolness in your surgical site, or if the swelling does not resolve after ice and exercise. If this is the case, please contact the office.

Will I Have Bruising After Surgery?

Yes, you will have some degree of bruising after surgery, but everyone is different. Some will only experience redness around the incision; others will have bruising down the entire extremity. Both are considered normal and will resolve over 10-14 days.

What Should I Expect My Activity Level To Be?

Every patient is different. Every day you should be increasing your activity level, but let your pain level and swelling be your guide. You will make 90 percent of your recovery in the first three months, and the remaining ten percent will come within the first year.

At some point, most patients overdo it with activities and therefore take a few steps back in their recovery. You may have increased swelling or discomfort if this happens. You need to become concerned if you cannot control your pain with rest, ice, and medications. If this is the case, please contact the office.

What If I Am Having Problems Sleeping?

Make sure that your pain is well controlled throughout the day. During the day be careful about taking naps. Try to plan your activities as near normal as possible. Also, you can try over the counter sleep medications by consulting your pharmacist.

When Can I Shower Or Bathe?

Please refer to your post-operative instructions provided to you at the time of surgery. Most arthroscopic incisions can get wet 3 days post op. However, if you had a larger open incision you can shower 7-10 days after surgery once your sutures are removed. Prior to that time, we ask that you keep the incisions clean, dry, and covered.

When Do I Get My Stitches Removed?

Your sutures should be removed 7-14 days after surgery. This appointment

FREQUENTLY ASKED QUESTIONS

can be set up before surgery, just contact the scheduling office at 708-236-2701 to schedule. If you come from a great distance, you may have your sutures removed by a local physician (primary care doctor or surgeon) if they are willing to do so. Included in this section is a letter you can bring with you to explain the type of suture used during surgery. If you have any questions, don't hesitate to call the Physician Assistants.

How Long Do I Have To Wear The Brace, Sling Or Brace?

This depends on the procedure Dr. Chahla is doing on your knee, shoulder or hip. The amount of time you are to remain in your medical device will be discussed with your family while you are in recovery. It will also be included in your discharge instructions and on your physical therapy prescription. If you have any questions regarding this, please contact the physician assistants.

What Positions Can I Sleep In?

You may sleep on your back or in an upright position with your arm well supported in your sling or leg in your brace. Some patients find it more comfortable to sleep in a recliner.

When Can I Restart The Meds I Was Told To Stop Prior To Surgery?

Please check with your primary care physician. Most medications can be started the day after surgery.

How Long Will I Be On Narcotic Medication For?

You can stop taking the narcotic medication when you are no longer

experiencing moderate pain. You can always contact the office and ask for a less strong medication, or switch to over the counter medications for your discomfort (Tylenol or Ibuprofen). Most patients are off the narcotic medication within a week of their surgery.

When Do I Need To Call The Doctor?

If you have a fever above 101.5, chills, sweats, excessive bleeding (example: you had to change the dressing twice in 12 hours), foul odor, excessive redness, excruciating pain, yellow or green discharge.

In an emergency, please contact a Physician Assistant at 312-432-2531, or if immediate attention is required, please call 911. For all non-emergency questions, email is the preferred method of contact for fastest response.

Evenings, nights and weekends, call Dr. Chahla's Team

312.243.4244 and ask for Dr. Chahla's Fellow OR go to your local emergency room.

What Should I Do To Avoid Constipation?

Drink plenty of fluids and eat fruits and fiber. If you continue to have symptoms of constipation you can take Milk of Magnesia, which is a mild oral laxative, or use Magnesium Citrate, which is much stronger. To try and prevent problems, you can also take an over the counter stool softener while taking the narcotic pain medication.

What About Using A Hot Tub Or Whirlpool?

Because of the heat and bacteria in the water, we do not want you to use a hot tub or whirlpool for six weeks after surgery.

HOTEL ACCOMMODATIONS

Please refer to our website jorgechahlamd.com for more information on hotels close to our surgery center locations.

RESEARCH & PHILANTHROPY

We are, first and foremost, committed to providing you with the best care possible. In order to stay current with the latest technological advancements in surgery and treatments, we are actively involved in research pertaining to all aspects of sports medicine surgery and care. This research will continue to improve treatment methods for you and future patients.

If you have any questions regarding current research projects, please contact Dr Chahla's Research Coordinator:

ChahlaResearch@rushortho.com

If you wish to contribute or would like information regarding Dr. Chahla's research endeavors, please contact:

chahlapractice@rushortho.com

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