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- **Orthopaedic Opinion Online** is a website designed to provide information to patients who have orthopaedic and musculoskeletal problems and are undergoing treatment.
- **Patient information** is provided in the form of downloadable information sheets.
- **Orthopaedic advice** and second opinions can be provided by our expert internationally renowned Consultant Orthopaedic Surgeons.
- **Online review** of patients' X rays or MRI scans can also be provided and any proposed treatment plans reviewed.
- **Book a clinical consultation** with one of our internationally renowned consultant orthopaedic surgeons in Bristol or London.
- **Orthopaedic reports** can be provided for Injury or Accident Claims and Medical Negligence claims.

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Specific Rehabilitation Exercises for Arthroscopic Decompression for Patellar Tendonitis

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Bristol Glen Hospital**

www.orthopaedics.co.uk
www.Bristol-Knee-Clinic.co.uk



D) PILATES EXERCISES IN PATELLAR TENDONITIS REHABILITATION :

Pilates exercises are a series of exercises which were specifically designed for dancers. The exercises concentrate on 'core stability'. This is strengthening and stability of the central muscles in and around the spine, pelvis and shoulder girdle. The exercises increase flexibility, strength and balance or proprioception which is very important in the rehabilitation of patellar tendon injuries. The exercises are generally quite complicated and instruction from your physiotherapist or Pilates instructor may be required. Generally these exercises can be started 2-4 weeks following surgery.

Pilate's one leg stretch:

Lying on your back with the knees bent and slightly apart and the feet flat on the floor. The abdominal and pelvic floor muscles should be slowly contracted whilst one leg is straightened along the floor and then slowly bent again. The other leg should then be used followed by a rest in the relaxed position before repeating.



Pilate's ball exercises :

Place a large 80cm diameter pilates ball against a wall. Standing in front of the ball with your feet wide apart. Fell for the ball behind your with your hands. Stabilise the ball as you gently sit on the ball. Find a stable position. With your feet flat on the floor use your legs to balance. Progress to using your legs to slowly and steadily move the ball in a small circle away from the wall and back to the start. Repeat the exercise in the other direction. Progress to moving the ball away from the wall before starting and to not using your hands for stability.



Finally undertake the exercise lifting the non-operated leg partially and then fully off the ground. Progress slowly. Balance and control from the operated leg will improve. Be careful not to fall off the ball, move too quickly or too far, and take care when getting on and off the ball.



One legged stand and dips on trampette:

Standing on a trampette initially holding onto support. Balance controlling the muscles of the back, hip, thigh and calf to maintain a balanced position for 1 minute. Graduate onto controlling balance whilst undertaking a dip on the trampette. Further try the exercise without support and undertake gentle bouncing whilst controlling the balance position. Progress to undertaking hops.



Pilates ball wall slide:

Standing against a 60cm Pilates ball whilst leaning against a wall. Undertake a dip exercise bending the knees to 90° whilst maintaining balance against the ball.



Pilates shoulder bridge :

Lying on your back with the knees bent a little distance apart and the feet on the floor. The abdominal and pelvic floor muscles should be slowly contracted whilst the pelvis is slowly lifted a little distance off the floor. Then slowly the lower back is lifted and then the chest so that the head, shoulders and feet remain on the floor. Slowly reverse the exercise back to the resting position.



As strength and control increase over the weeks the exercise can be repeated and when in the bridge position the non-operated leg may be lifted off the ground leaving support and balance only from the operated leg. The good leg should be replaced before returning to the rest position. This should be attempted perhaps only after 6 weeks. With time the exercise can be repeated only using the operated leg throughout the exercise.



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More detailed information:

More information can be found in other information leaflets available from the Bristol Knee Clinic. This information leaflet and the others in this series are available from the web sites :

- www.orthopaedics.co.uk
- www.Bristol-Knee-Clinic.co.uk



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