

Novant Health Perry & Cook Orthopedics & Sports Medicine

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DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL FOR ARTHROSCOPIC MENISCAL REPAIR

Recovery after knee surgery entails controlling swelling and discomfort, healing, return of range-of-motion of the knee joint, regaining strength in the muscles around the knee joint, and a gradual return to activities. The following instructions are intended as a guide to help you achieve these individual goals and recover as quickly as possible after your knee surgery.

A. COMFORT:

- 1. Elevation** – Elevate your knee and ankle above the level of your heart. The best position is lying down with two pillows lengthwise under your entire leg. This should be done for the first several days after surgery.
- 2. Swelling** – A cooling device may be provided to control swelling and discomfort by slowing the circulation in your knee. Initially, this can be used continuously for the first 3 days, (while the initial post-op dressing is on). After 3 days, the cooling device should be applied 3 times a day for 10-minute intervals. If a cooling device is not provided at the time of surgery, place crushed ice in a cloth covered plastic bag over your knee for no more than 20 minutes, three (3) times a day.
- 3. Medication** –
Pain Medication- Take medications as prescribed, but only as often as necessary. Avoid alcohol and driving if you are taking pain medication.
- 4. Driving** – Driving is NOT permitted for six weeks following right knee surgery. Dr. Romanowski will clear you for driving when appropriate.

B. ACTIVITIES:

1. **Range-of-Motion** – Move your knee through range of 0-90 degrees motion as tolerated. This must be done while sitting or lying down.
2. **Locking Knee Brace** – The brace is to be worn for up to 4-6 weeks following surgery. It will be locked straight until healing and good knee strength has been achieved, (usually 6 weeks after surgery). At that time your doctor will determine if your leg has enough strength to allow your brace to be unlocked. You may unlock the brace while sitting but lock the brace before standing. Sleep with the brace on until directed by your doctor.
3. **Exercises** – These help prevent complications such as blood clotting in your legs. Point and flex your foot and wiggle your toes. Thigh muscle tightening exercises should begin the day of surgery and should be done for 10 to 15 minutes, 3 times a day, for the first few weeks after surgery.
4. **Weightbearing Status** – You are **NOT** allowed to put any weight on your operative leg for the **first week** after surgery. Walk using two crutches and your brace in the **locked straight** position. After the first week you may put all of your weight on your operative leg using your brace in the **locked straight** position. Do this within the limits of pain. Two crutches should be used until directed to discontinue by your doctor.
5. **Physical Therapy** – PT should be started 3-5 days after surgery. You should call the physical therapist of your choice for an appointment as soon as possible after surgery. A prescription for physical therapy, along with physical therapy instructions (included in this packet) must be taken to the therapist at your first visit.
6. **Athletic Activities** – Athletic activities, such as swimming, bicycling, jogging, running and stop-and-go sports, **should be avoided** until allowed by your doctor.
7. **Return to Work** – Return to work as soon as possible. Your ability to work depends on a number of factors – your level of discomfort and how much demand your job puts on your knees. If you have any questions, please call your doctor.

C. WOUND CARE:

1. Tub bathing, swimming, and soaking of the knee **should be avoided** until allowed by your doctor – Usually 2-3 weeks after your surgery. Keep the dressing on until your follow up visit.
2. You may shower 1 day after surgery with the dressings in place. If an Ace Wrap has been applied, you should remove it before showering

D. EATING:

1. Your first few meals, after surgery, should include light, easily digestible foods and plenty of liquids, since some people experience slight nausea as a temporary reaction to anesthesia.

E. CALL YOUR PHYSICIAN IF:

1. Pain in your knee persists or worsens in the first few days after surgery.
2. Excessive redness or drainage of cloudy or bloody material from the wounds (Clear red tinted fluid and some mild drainage should be expected). Drainage of any kind 5 days after surgery should be reported to the doctor.
3. You have a temperature elevation greater than 101°
4. You have pain, swelling or redness in your calf.
5. You have numbness or weakness in your leg or foot.

F. RETURN TO THE OFFICE:

1. Your first return to our office should be within the first 1-2 weeks after your surgery. Call your Dr. Romanowski's office to make an appointment for this first post-operative visit.

ARTHROSCOPIC MENISCAL REPAIR POST-OPERATIVE REHABILITATION

GOALS

- 1) Manage inflammation (Cryo-Cuff, NSAIDs, etc.)
- 2) Controlled gains in range-of-motion
- 3) Early maintenance of strength
- 4) Non-weightbearing in full extension for 1 week then FWB in brace locked in extension
- 5) Brace: Extension Lock Brace

0 – 1 WEEK

ROM: 0° - 90° non-weightbearing, patellar slides

Weightbearing: NWB in full extension (brace locked)

Strength:

- 1) Controlled quad exercises
- 2) SLR
- 3) Quad contraction (isometric)
- 4) Hip extension and flexion
- 5) Calf raises

Brace: Locked in extension

1 – 4 WEEKS

ROM: Achieve 0° - 90°, patellar slides

Weightbearing: WBAT, brace locked in extension

Strength: Continue 0 – 1 week exercises

Brace: Locked in extension

4 – 6 WEEKS

ROM: Advance to normal ROM, no flexion loading beyond 90° flexion

Strength:

- 1) Quads – mini squats, closed chain exercises
- 2) Hamstrings – start hamstring curls, hip extension and flexion, calf exercises

Weightbearing: Begin normal gait training, initially unlock brace if good quad control and then wean from brace over the next 2 weeks

6 WEEKS

ROM: Achieve normal ROM

Strength: Continue 4-6 weeks protocol

Weightbearing: WBAT without brace

- Watch flexion loads beyond 90° flexion (stresses the repair)

> 6 WEEKS Home program

4 MONTHS Resume athletic activities

6 MONTHS Allow hyperflexion and squatting at this time