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**DISCHARGE INSTRUCTIONS ARTHROSCOPIC MENISCECTOMY,
CHONDROPLASTY OR DEBRIDEMENT**

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** – Place crushed ice in a cloth covered plastic bag over your knee for no more than 20 minutes, three (3) times 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 until after your first post-operative visit.

B. ACTIVITIES:

- 1. Range-of-Motion** – Move your knee through range of motion as tolerated. This must be done while sitting or lying down.

2. **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.
3. **Weightbearing Status** – You are allowed to put all of your weight on your operative leg. Do this within the limits of pain. Usually start with two crutches then progress to using one crutch in the hand opposite of your surgical side. You may discontinue crutches one week after surgery unless otherwise instructed by your doctor.
4. **Physical Therapy** – If physical therapy is required after your surgery, Dr. Romanowski will notify you and give you a prescription. 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.
5. **Athletic Activities** – Athletic activities, such as swimming, bicycling, jogging, running and stop-and-go sports, **should be avoided** until allowed by Dr. Romanowski.
6. **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 Dr. Romanowski.

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, clean until your first post-op follow up.
2. You may shower 1 day after surgery with your dressings in place. You may remove the Ace Wrap.

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 Dr. Romanowski's office to make an appointment for this first post-operative visit.

REHABILITATION GUIDELINES ARTHROSCOPIC MENISCECTOMY, CHONDROPLASTY OR DEBRIDEMENT

The intent of this protocol is to provide the therapist with guidelines of the post-operative rehabilitation course after an arthroscopic meniscectomy. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.

PHASE I (0-2 weeks)

Goals

- Control inflammation and pain
- Achieve full ROM
- Regain quadriceps control
- Full weight-bearing

Brace

- None
- Crushed ice in a cloth covered plastic bag or Cryocuff 3 times per day for 20 minutes and ice after every therapy session

Weight-Bearing Status

- Weight-bearing as tolerated with crutches as needed for 1-5 days until normal gain is re-established

Therapeutic Exercises

- Straight leg raises in all planes
- Heel slides, calf pumps, quadriceps sets
- Electrical stimulation as needed to control edema and regain quad tone
- Wall slides
- Patellar mobilization
- Balancing activities on a stable platform with eyes open and closed
- Quad, hamstring, gastroc, ITB stretching
- Stationary bike with low resistance and high seat
- Toe raise

PHASE II (2- 6 weeks)

Criteria

- Good quad set, SLR without extension lag
- Full AROM

Goals

- Maintain full active ROM
- Progress with strengthening and endurance

- Gradual return to functional activities

PHASE II CONT.

Brace/Weight-bearing status

- Full weight-bearing, no crutches or brace
- Use Cryocuff or ice after therapy

Therapeutic Exercises

- Mini-squats (0-45 degrees)
- Stationary Bike (high seat, low tension)
- Closed chain extension (leg press:0-60 degrees)
- Hamstring curls
- Pool walking/jogging
- Stair climbing (up/down, forward, backwards), StairMaster
- Elliptical trainer, cross-country skiing
- Begin jogging
- *Plyometrics*
 - Stair jogging
 - Box jumps at 6 and 12 inch heights
- *Proprioception*
 - Mini-tramp standing and bouncing
 - Unstable platform (BAPS) with eyes open and closed
 - Ball throwing and catching from stable surface, then advance to unstable surface

PHASE III (6 weeks +)

Criteria

- Normal gait
- Full, painless range of motion

Goals

- Progress with strength, power, and proprioception
- Return to full activities by 4-8 weeks depending on progress
- Progress with functional and sports-specific training

Therapeutic Exercise

- Continue with ROM and strengthening exercises as above
- May progress with strengthening as tolerated
- Sports specific drills

Criteria for Return to Sports

- Full, painless range of motion
- 90% hamstring and quadriceps strength of contralateral side
- No effusion