

Inland Orthopaedic Surgery & Sports Medicine Clinic

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KNEE ARTHROSCOPY WITH MENISCAL REPAIR POST-OP INSTRUCTIONS AND REHAB PROTOCOL

This protocol has been developed for the patient following repair of the medial and/or lateral meniscus. This protocol may vary in length, aggressiveness and return to sports/activities depending on factors such as: concomitant procedures or additional injuries seen at the time of surgery, primary vs revision surgery, range of motion/swelling status, pre-operative function, rehabilitation goals and expectations.

Physical therapy should begin approximately within one week following surgery. Your rehabilitation will be a supervised program by a physical therapist and a home program as directed by your therapist.

Primary goals of the procedure and rehabilitation are: 1) Control joint pain and swelling 2) Regain normal knee range of motion and strength 3) Regain normal gait pattern and neuromuscular stability for ambulation 4) Regain normal proprioception, balance, and coordination for daily activities 5) Achieve the level of pre-injury function based on the orthopaedic and patient goals.

The goal of this rehabilitation plan is to facilitate return to the pre-injury level of function. Return to activity and sports depend upon multiple factors. These factors are based on findings at the time of surgery as well the functional status of the knee. Return to sports and cutting activities is allowed once there is clinical evidence of meniscal healing, the patient achieves adequate flexibility, strength and endurance of the knee that is equal to at least approximately 90% of the other side. Generally this occurs around 4-5 months after surgery.

I. POST-OPERATIVE INSTRUCTIONS:

- a. **Take 1 tablet (325 mg) of aspirin per day**, starting the day after surgery and continuing **for 2 weeks**. This is done to decrease the risk of blood clots.
- b. Dressing may be removed 3 days after surgery, but keep the steri-strips in place. Try to keep the wound as dry as possible until follow-up.
- c. It is ok to shower after surgery, but keep the dressings and incision wrapped with saran wrap or something similar. When in the shower, do not scrub or soak the incisions. Just let soap/water run over the knee and pat dry. Do not submerge incisions in bath or pool until fully healed (4-5 weeks).
- d. If you had a **nerve block at the time of surgery, it usually wears off 12-24 hrs post-operatively**. It is normal to have some numbness in the leg the first few days after surgery as a result. **The first night after surgery take pain medication before going to bed as the nerve block will often wear off during the night.**
- e. Take the prescribed pain medications as directed. You can supplement your pain control with ice, elevation of the affected extremity and over-the-counter ibuprofen if needed, making sure to follow the dosage as recommended on the bottle. Use ice max 20 min/hour. Place towel between skin and ice to protect skin.
- f. Decrease the frequency of your pain medicine as your symptoms allow. Generally patients are able to be off of pain medicine around 1 week post-op.
- g. After surgery you will initially be non-weight bearing on the operative extremity (It is ok to touch the toes to the ground for balance control). Use the crutches for walking at all times. You will continue with the crutches and non-weight bearing until four weeks from the date of the surgery. At that point you may wean off the crutches.

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- h. After surgery, the first few days are generally spent recovering and resting. When resting, work on calf pumps (moving your ankle up and down) several times per hour. This helps reduce swelling in the leg and decrease the chance of blood clots.
- i. If you were placed into a brace, continue to use the brace for 6 weeks. Keep the brace locked in full extension for walking for 4 weeks. When sitting down, you may unlock the brace to bend the knee as directed below. You may take an occasional break from wearing the brace when at home and resting. You may remove the brace for sleeping after 2 weeks.
- j. Return to driving. There is no conclusive data to guide the exact time when it is safe to return to driving. You cannot drive while still on narcotic pain medications. In general, there should be adequate range of motion of the knee, minimal pain/swelling, and enough strength in the leg to allow you to quickly brake if needed.
- k. **DO NOT PLACE PILLOWS/BLANKETS UNDERNEATH THE KNEE AFTER SURGERY.** This can cause a flexion contracture of the knee after surgery, making full extension of the knee difficult. It is ok to place pillows/blankets under the ankle for elevation.

II. Rehabilitation Protocol 0-2 Weeks Post-Op

- a. Use Hinged Knee Brace at all times, Crutches for walking
- b. Non-Weight Bearing to operative leg, with brace locked in full extension for ambulation
- c. When sitting down brace may be unlocked and set to 0-60 degrees of knee flexion
 - i. **Non-weight bearing range of motion:** Work on bending the knee up to 60 degrees in brace while sitting or lying down
- d. Will use crutches for total of 4 weeks
- e. Start isometric Quad Sets in full extension
 - i. SLR w/knee locked in extension
 - ii. Quad Sets

III. Rehab Protocol 2-4 Weeks Post-Op

- a. Advance to **Flat-Foot Touch Down Weight Bearing** on operative leg
 - i. Your foot may touch the floor to keep you balanced, but you should not put any additional weight on the leg).
 - ii. Approximately 10 pounds of your body weight is placed on the affected leg. Your Physical Therapist will teach you how to do this
- b. **Non-weight bearing range of motion: 0-90 degrees**
 - i. Increase flexion setting on brace to 90 degrees
- c. Begin Exercise Stationary Bike with no resistance

IV. Rehab Protocol 4-6 Weeks Post-Op

- a. Unlock brace at 4 weeks and progress to normal gait—**Weight bearing as tolerated**
- b. No restrictions on range of motion, **GOAL: Achieve full range of motion by 5 weeks.**
- c. Wean from crutches
- d. Start closed chain kinetic exercises

V. Rehab Protocol 6-8 Weeks Post-Op

- a. Discard Brace at 6 weeks
- b. Begin to increase strengthening and resistance if ROM and Gait goals are met

VI. Return to Running at 3-4 Months

VII. Return to Full Sports at 4-5 Months

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