

# Inland Orthopaedic Surgery & Sports Medicine Clinic

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## KNEE ARTHROSCOPY WITH PARTIAL MENISCECTOMY ± CHONDROPLASTY POST-OP INSTRUCTIONS AND REHAB PROTOCOL

### 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).
- 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 may be weight bearing on the operative extremity as tolerated. Use the crutches as needed. Once your pain allows and your balance is adequate you may wean off the crutches.
- 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 decreases the chance of blood clots. As your symptoms allow begin walking (using crutches as needed).
- j. Other exercises to work on 3-4 times per day, before seeing therapist include calf pumps, straight leg raises, quad sets (contracting your thigh and holding for 10 seconds) and bending and straightening the knee.
- k. Work on achieving full extension of the knee. The most important aspect of your rehab the first week after surgery is getting the knee all the way straight. By two weeks after surgery the goal is full extension of our knee with over 90 degrees of flexion.
- l. Return to driving. There is no conclusive data to guide the exact time when it is safe to return to driving after knee arthroscopy. 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.
- m. **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 Program Weeks 0-2

- a. **Goal:** Be full weight bearing and off crutches in 3-7 days
- b. **Goal:** Normal gait by 10-14 days
- c. **Active range of motion, active assisted range of motion**, heel slides
  - i. Begin working on range of motion of the knee immediately after surgery
  - ii. emphasize full extension of the knee
- d. **Goal:** By 2 weeks after surgery the goal is to have full extension of the knee and > 90 degrees of flexion

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- e. Isometric quad/hamstring exercises, quad sets, SLF
- f. Mini Squats 0-45 degrees
- g. Stretching: Hip flexors, hamstrings, ITB
- h. Patellar mobilization
- i. Modalities (cryotherapy, electric/muscle stimulation, etc.)
- k. Stationary bike for Range of motion

### **III. Rehab Program Weeks 2-4**

- a. **Goal: Achieve full range of motion and normal gait.** Continue previous exercises as appropriate.
- b. Active range of motion and active assisted throughout full range
- c. SLR, add ankle weights when quad control maintained
- d. Progress to standing quad strengthening with light therabands
- e. Wall squats 0-60 degrees, Leg press 0-60 degrees with light weights
- f. Hamstring curls with light resistance
- g. Forward, lateral and retro step downs
- h. Hip/Core progressive strengthening
- i. Proprioception training
- j. Advance stationary bike

### **IV. Rehab Program Weeks 4-6**

- a. Advance previous exercises with increased resistance as appropriate
- b. Progressive Resistive Exercises: quad, hamstrings, hip, core
- c. Proprioceptive training
- d. Treadmill: walk/jog progression program
  - i. Jog 50-75% pace
- e. Exercise without swelling

### **V. Rehab Program Weeks 6+**

- a. Continue appropriate previous exercises
- b. Agility drills/plyometrics
- c. Running progressing program
- d. Transition to home program
- e. Return to full activity