

# Inland Orthopaedic Surgery & Sports Medicine Clinic

Kyle J. Hazelwood, M.D.

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

This protocol has been developed for the patient following repair of the **meniscal root**. This meniscus is made of fibroelastic cartilage and functions as the “shock absorber” of the knee to protect the knee cartilage. The meniscal root is the “anchor” of the meniscus and tears of the meniscal root can potentially lead to significant knee damage. Without the meniscal root attachment, the contact area in the knee has the potential to decrease between 40-70%, while contact stress may increase between 100-300%.

Surgical repair of the meniscal root is thus performed to both decrease pain and protect the knee from long term cartilage injury and arthritis. Several studies now have shown meniscal root repair decreases the risk that patients will need knee replacement within 3-4 years from the time of injury.

**Physical therapy should begin approximately within 2 weeks following surgery.** You will **use crutches for 6 weeks following surgery and be non-weightbearing** to protect your repair. Your rehabilitation will be a supervised program by a physical therapist and a home program as directed by your therapist. The goal of this rehabilitation plan is to facilitate return to the pre-injury level of function. Return to activity and sports depends upon multiple factors including concomitant injuries, pre-operative level of function, pain, swelling and strength. Return to full activity and sports usually takes between 4-6 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 until 4-5 weeks after surgery.
- d. If you had a **nerve block at the time of surgery, it usually wears off around 2 days post-op**. It is normal to have some numbness in the leg the first few days after surgery as a result.
- 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 6 weeks from the date of the surgery**. At that point you may wean off the crutches.

**2500 W. A Street Suite 201, Moscow, Idaho 83843 (208) 883-2828  
825 SE Bishop Blvd., Suite 120, Pullman, WA 99163 (509) 332-2828**

# Inland Orthopaedic Surgery & Sports Medicine Clinic

Kyle J. Hazelwood, M.D.

- 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 6 weeks. When sitting down, you may unlock the brace to bend the knee to 90 degrees of knee flexion. You may remove the brace for sleeping after 4 weeks.
- j. Return to driving. There is no conclusive data to guide the exact time when it is safe to return to driving. If surgery was on your right leg you should wait to drive until you are weight-bearing. If surgery was on your left leg you may return to drive when you are off pain medications and have minimal pain and swelling.

## 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 0-90 degrees of knee flexion
  - i. **Non-weight bearing range of motion:** Work on bending the knee up to 90 degrees in brace while sitting or lying down
- d. Will use crutches for total of **6 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. **Non-Weight Bearing** on operative leg
  - i. Your toes may touch the floor to keep you balanced, but you should not put any additional weight on the leg).
- b. **Non-weight bearing range of motion: 0-90 degrees**
- c. Begin Exercise Stationary Bike with no resistance
- d. Continue previous exercises

## IV. Rehab Protocol 4-6 Weeks Post-Op

- a. Remain **Non-Weight Bearing**
- b. ROM: 0-90
- c. Wean from crutches
- d. Start closed chain kinetic exercises

## V. Rehab Protocol 6-12 Weeks Post-Op

- a. Wean out of brace and off crutches at 6 weeks and progress to normal gait—**Weight bearing as tolerated**
- b. No restrictions on range of motion: **GOAL: Achieve full range of motion by 8 weeks.**
- c. Begin to increase strengthening and resistance if ROM and Gait goals are met
- d. Proprioception, neuromuscular training, isokinetics and modalities

## VI. Return to Jogging at 4 Months

## VII. Return to Full Sports at 4-6 Months

2500 W. A Street Suite 201, Moscow, Idaho 83843 (208) 883-2828  
825 SE Bishop Blvd., Suite 120, Pullman, WA 99163 (509) 332-2828