

<u>Post-Operative Instructions</u> <u>Knee Arthroscopy Meniscal Repair</u>

Day of surgery

- A. Diet as tolerated
- **B.** Icing is important for the first 5-7 days post-op. While the post-op dressing is in place, icing should be done continuously. Once the dressing is removed on the third post-operative day, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite. Alternatively, Cryocuff or Game-ready ice cuff can be used as per instructions.
- **C.** Pain medication as needed every 4 hours (refer to pain medication sheet).
- **D.** Make sure you have a physical therapy post-op appointment scheduled during the first week after surgery.

First Post-Operative Day

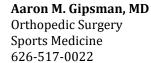
- **A.** Continue ice pack every 1-2 hours while awake or at least twenty minutes prior to and after exercise session.
- **B.** Pain medication as needed.

Second Post-Operative Day Until Return Visit

- **A.** Continue ice pack as needed.
- **B.** Unless otherwise noted, weight-bearing is toe-touching only for the first 4 weeks after surgery. After 4 weeks, you can bear as much weight on the affected leg as you can tolerate. Most patients use crutches for the first 2-3 weeks.
- **C.** Call our office @ 626-517-0022 to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery. If you are experiencing any problems, please call our office or contact us via the internet at pasadenaorthopedics.com.

Third Post-Operative Day

A. You may remove surgical bandage and shower this evening. Apply 4x4 (or similar size) waterproof bandage to these wounds prior to showering and when showering is complete apply fresh waterproof bandage. Please ensure that the bandage is large enough to completely cover the incision. You will need to follow this routine for 2 weeks after surgery.





Rehabilitation Protocol: Arthroscopic Meniscus Repair

Name:		Date:	
Diagnosis:		Date of Surgery:	
Phase I (Weeks 0-6)			
• Weightbearing:			
 Partial weight 	ht bearing (25%) as tolerated with ht bearing (50%) as tolerated with	brace locked in extension (Weeks 0-4) brace unlocked (Weeks 5-6)	
Hinged Knee Brace	e: worn for 6 weeks post-op		
	ll extension for ambulation and sle	eping – remove for hygiene and PT	
	AROM → AROM as tolerated		
○ Weeks 0-4:	No flexion greater than 90°		
	Full ROM as tolerated - progress to	o flexion angles greater than 90°	
Therapeutic Exerci	ises		
	tring sets, heel slides, straight leg ra	aises, co-contractions	
 Isometric ab 	duction and adduction exercises		
 Patellar Mob 	oilizations		
 At 6 weeks: 	can begin partial wall-sits – keep k	nee flexion angle less than 90°	
Phase II (Weeks 6-12)			
 Weightbearing: As 	tolerated - discontinue crutches		
Hinged Knee Brace	: Discontinue when patient has acl	hieved full extension with no extension lag	
• Range of Motion: F		Ç	
Therapeutic Exerci	ises		
-	extension exercises, Hamstring str	rengthening	
○ Leg press – 0)-90°		
 Propriocepti 	ion exercises		
 Begin use of 	the stationary bicycle		
Phase III (Weeks 12-16)		
Weightbearing: Full	ll weightbearing with normal gait p	pattern	
• Range of Motion: F	ull/Painless ROM		
No Deep kn	ee bends for 4 months		
Therapeutic Exerci	ises		
 Continue with 	th quad and hamstring strengtheni	ng	
 Focus on sin 	gle-leg strength		

o Begin jogging/running

Plyometrics and sport-specific drills

Aaron M. Gipsman, MDOrthopedic Surgery
Sports Medicine
626-517-0022

Date: _____



	 Phase IV (Months 4-6) Gradual return to athletic activity Maintenance program for streng 			
Comments: Patients should avoid tibial rotation for 4-6 weeks post-op				
	Frequency: times per week	Duration: weeks		

Signature: ______