

Post-Operative Instructions **Knee Arthroscopy Meniscal Repair**

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 bearing (25%) as tolerated with brace locked in extension (**Weeks 0-4**)
 - Partial weight bearing (50%) as tolerated with brace unlocked (**Weeks 5-6**)
- **Hinged Knee Brace:** worn for 6 weeks post-op
 - Locked in full extension for ambulation and sleeping – remove for hygiene and PT
- **Range of Motion:** AAROM → AROM as tolerated
 - **Weeks 0-4:** No flexion greater than 90°
 - **Weeks 4-6:** Full ROM as tolerated – progress to flexion angles greater than 90°
- **Therapeutic Exercises**
 - Quad/Hamstring sets, heel slides, straight leg raises, co-contractions
 - Isometric abduction and adduction exercises
 - Patellar Mobilizations
 - At **6 weeks:** can begin partial wall-sits – keep knee flexion angle less than 90°

Phase II (Weeks 6-12)

- **Weightbearing:** As tolerated – discontinue crutches
- **Hinged Knee Brace:** Discontinue when patient has achieved full extension with no extension lag
- **Range of Motion:** Full active ROM
- **Therapeutic Exercises**
 - Closed chain extension exercises, Hamstring strengthening
 - Leg press – 0-90°
 - Proprioception exercises
 - Begin use of the stationary bicycle

Phase III (Weeks 12-16)

- **Weightbearing:** Full weightbearing with normal gait pattern
- **Range of Motion:** Full/Painless ROM
 - **No Deep knee bends for 4 months**
- **Therapeutic Exercises**
 - Continue with quad and hamstring strengthening
 - Focus on single-leg strength
 - Begin jogging/running
 - Plyometrics and sport-specific drills



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

Phase IV (Months 4-6)

- Gradual return to athletic activity as tolerated
- Maintenance program for strength and endurance

Comments: Patients should avoid tibial rotation for 4-6 weeks post-op

Frequency: _____ **times per week**

Duration: _____ **weeks**

Signature: _____

Date: _____