

Post-Operative Instructions **Knee Arthroscopy Meniscus Root 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 "foot flat weight-bearing" only for the first 6 weeks after surgery. This means you can rest your foot on the ground, but not put any weight on it. After 6 weeks, you can bear as much weight on the affected leg as you can tolerate.
- C. Call our office to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery if you have not been given a time. If you are experiencing any problems, please call our office.

Third Post-Operative Day

- A. You may remove surgical bandage and shower this evening.
When showering is complete apply fresh bandaids. 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.



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Rehabilitation Protocol: Arthroscopic Meniscus Root Repair

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-6)

- **Weightbearing:** Foot flat (allow foot to rest on ground, but essentially non-weight bearing for the first 6 weeks post-op)
- **Hinged Knee Brace:** worn for 6 weeks post-op
 - Locked in full extension for ambulation and sleeping – remove for hygiene and PT (**Weeks 0-6**)
- **Range of Motion:** AAROM → AROM as tolerated
 - **Weeks 0-4:** 0-90 degrees of ROM
 - **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

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
 - Lunges - 0-90°, 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
- **Therapeutic Exercises**
 - Continue with quad and hamstring strengthening
 - Focus on single-leg strength
 - Begin jogging/running
 - Plyometrics and sport-specific drills

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: _____

Pasadena Orthopedics

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