

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

Many different factors may affect the rehabilitation plan including tear morphology and location, primary vs revision surgery and concomitant procedures or additional injuries seen at the time of surgery. Full thickness radial tears and meniscal root tears typically have a more conservative rehab plan. If there are any questions about the tear type, please refer to operative report. Full recovery and return to sport/full activity from a meniscal repair generally takes 3-5 months and depends on multiple factors such as type of sport, patient factors, type of tear and concomitant injuries.

For Patients at a glance

- The first 48 hours after surgery should generally be spent resting and recovering. Elevate your operative leg above your heart level as much as possible for the first couple days to help control pain and swelling
- Use the prescribed ice machine or ice bags 30 minutes every couple hours to control pain/swelling
- 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. If there is personal history of blood clots or if there is any known condition that makes you more susceptible to blood clots please let Dr. Hazelwood know.
- If you had a **nerve block at the time of surgery, it usually wears off 12-24 hrs post-operatively**. It is normal to have some numbness in the leg the first few days after surgery as a result. **The first night after surgery take pain medication before going to bed as the nerve block will often wear off during the night.**
- Take the pain medication as prescribed. You may supplement your pain medication with over the counter Tylenol and Ibuprofen. Please make sure you are not exceeding recommended doses (4 gm of Tylenol per 24 hour).
- 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.
- 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 (3-4 weeks).

- Physical therapy** should begin 7-10 days following surgery.
- You will be **non-weight bearing** with crutches for the **first 2 weeks**. 2 weeks after surgery weight bearing will be increased as directed.
- Brace Use:** Use the brace at all times except showering and doing your physical therapy exercises for the first 4 weeks. The range of motion on your brace should be set from 0-90 degrees. You will continue to use the brace for walking until post op week 6.
- Return to driving:** There is no conclusive data to guide the exact time when it is safe to return to driving. 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.
- Stairs:** When going up stairs, lead with non-surgical side, when going down stairs lead with crutches and surgical side.

For Physical Therapists:

I. 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 x 2 weeks**
- c. Brace should be set from 0-90 degrees for range of motion.**
 - i. Non weight bearing ROM: Work on bending the knee up to 90 degrees in brace while sitting or lying down
- d. Start isometric Quad Sets in full extension
 - i. SLR w/knee locked in extension
 - ii. Quad Sets
- e. Patellar mobility exercises
- f. Prone hamstring curls
- g. Goals: control swelling/pain. Cryotherapy. Focus on achieving full extension of the knee.

II. Rehab Protocol 2-4 Weeks Post-Op

- a. **Weight bearing as tolerated but must use crutches** from weeks 2-4
- b. Continue to use brace. Brace will continue to be set at 0-90 degrees for ambulation
- c. Knee ROM in therapy 0-120 degrees**
- d. Begin Exercise Stationary Bike with no/light resistance
- e. Quad sets, prone hamstring curls, patellar mobility, active knee extension
- f. Continue to emphasize full extension, prong hang exercises

- g. Continue modalities/cryotherapy

III. Rehab Protocol 4-6 Weeks Post-Op

- a. Begin **weight bearing as tolerated and wean off crutches**: Criteria for FWB without crutches is active flexion 100 degrees, no extensor lag with straight leg raise, single leg stance x 30 sec and no pain with weight bearing. Gait training to avoid development of abnormal patterns.
- b. Continue to use brace for ambulation, but can stay fully open.
- c. No restrictions on range of motion, **GOAL: Achieve full range of motion by 5-6 weeks.**
- d. Continuation of previous exercises, calf raises
- e. If haven't started incorporate biofeedback, muscle stimulation, continue cryo
- f. Start closed chain kinetic exercises

IV. Rehab Protocol 6-12 Weeks Post-Op

- a. Discard Brace at 6 weeks full time
- b. Emphasize normal gait pattern
- c. Increase resistance on stationary bike
- d. Leg press, calf raise, hamstring curl
- e. Single leg stance
- f. Begin to progress strengthening and resistance if ROM and Gait goals are met
- g. Pool training. elliptical trainer, stair climber

V. Rehab Protocol 12-16 Weeks Post-Op

- a. Begin jogging program if pain free and full ROM. Start no more than 1 mile
- b. Initiate functional progression program and sport specific training
- c. Resisted cycling, partial squats, knee extensions, leg press, box drills, lunges
- d. Begin plyometrics, desired cardio program

VI. Return to Full Sports at 4-5 Months

- a. Progress running/cardio program
- b. Continue plyometrics
- c. Emphasize multi-plane sport-specific exercises, incorporate cutting exercises
- d. Return to sport when pain free, 90% strength in surgical knee and cleared by Dr. Hazelwood
- e. Return to sport: Non-contact practice → Full Practice → Game competition