

**KNEE ARTHROSCOPY WITH PARTIAL MENISCECTOMY ± CHONDROPLASTY
POST-OP INSTRUCTIONS AND REHAB PROTOCOL****For Patients at a glance**

- 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. **Shower:** 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).
- d. **Pain Control:** 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).
- e. **Weight Bearing:** you may be weight bearing on the operative extremity as tolerated. Use the crutches as needed. Once your pain allows and your balance is adequate you may wean off the crutches.
- f. **Physical Therapy: Call to set up your first physical therapy appointment within one week of surgery.** You may do your therapy wherever you prefer. Dr. Hazelwood's office will place a referral for therapy for you.
- g. 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 decreases the chance of blood clots. As your symptoms allow begin walking (using crutches as needed).
- h. **Exercises** to work on 3-4 times per day, before seeing therapist include calf pumps, straight leg raises, quad sets (contracting your thigh and holding for 10 seconds) and bending and straightening the knee.
- i. **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.
- j. **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 Program Weeks 0-2

- a. **Goal:** Be full weight bearing and off crutches in 3-7 days
- b. **Goal:** Normal gait by 10-14 days
- c. **Active range of motion, active assisted range of motion,** heel slides
 - i. Begin working on range of motion of the knee immediately after surgery
 - ii. emphasize full extension of the knee
- d. **Goal:** By 2 weeks after surgery the goal is to have full extension of the knee and > 90 degrees of flexion
- e. Isometric quad/hamstring exercises, quad sets, SLF
- f. Mini Squats 0-45 degrees
- g. Stretching: Hip flexors, hamstrings, ITB
- h. Patellar mobilization
- i. Modalities (cryotherapy, electric/muscle stimulation, etc.)
- j. Stationary bike for Range of motion

II. Rehab Program Weeks 2-4

- a. **Goal: Achieve full range of motion and normal gait.** Continue previous exercises as appropriate.
- b. Active range of motion and active assisted throughout full range
- c. SLR, add ankle weights when quad control maintained
- d. Progress to standing quad strengthening with light therabands
- e. Wall squats 0-60 degrees, Leg press 0-60 degrees with light weights
- f. Hamstring curls with light resistance
- g. Forward, lateral and retro step downs
- h. Hip/Core progressive strengthening
- i. Proprioception training
- j. Advance stationary bike

III. Rehab Program Weeks 4-6

- a. Advance previous exercises with increased resistance as appropriate
- b. Progressive Resistive Exercises: quad, hamstrings, hip, core
- c. Proprioceptive training
- d. Treadmill: walk/jog progression program
 - i. Jog 50-75% pace
- e. Exercise without swelling

- IV. Rehab Program Weeks 6-8+ weeks**
- a. Continue appropriate previous exercises
 - b. Agility drills/plyometrics
 - c. Sport specific exercises
 - d. Running progressing program
 - e. Transition to home program
 - f. Return to full activity