Bogdan A. Matache MD CM • FRCSC • Dip Sport Med
Michael Pickell MD • FRCSC
ORTHOPEDIC SPORTS MEDICINE
THE OTTAWA HOSPITAL – UNIVERSITY OF OTTAWA

University of Ottawa - Orthopaedic Surgery
L'Université d'Ottawa - Chirurgie Orthopédique
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CAPITAL PERFORMANCE SURGERY

REHABILITATION PROTOCOL

Knee arthroscopy +/- partial meniscectomy/chondroplasty

Instructions for Physiotherapist:

EQUAL ICING AND REST/WORK RATIO IS IMPORTANT. SIGNIFICANT PAIN SHOULD NOT OCCUR WITH ANY ACTIVITY DURING REHAB WORK OR LAST LONGER AFTER REHAB. IF THIS OCCURS, MODIFICATION OR RE-EVALUATION NEEDS TO BE UNDERTAKEN.

Dressings and sutures:

- The dressings on your leg should be left in place and kept dry when showering for 3 days.
- After 3 days you can remove your dressings and shower normally but do NOT scrub the incisions.
- Apply Band-Aids over the incisions to keep them clean once the initial dressing has been removed.
- If sutures/staples were used, they will be removed at your first post-op visit (approx. 2 weeks post-op).
- Do NOT soak the leg (i.e. hot tub / bath, etc) until 2-4 weeks after your sutures are removed and the incisions are well healed.

Pain and swelling:

- Local anesthetic has been placed into your knee – this will wear off in 6-8 hours after surgery.
- You have been provided with a prescription for pain medications that when used together will provide the most effective pain relief after your surgery.
- Use an ice pack or cold therapy delivery system for 20 mins every hour while awake to help with pain and swelling.
- It is common to have some spotting through the dressings following surgery. Place an additional dressing over the area if this occurs.
- The incisions may continue to "leak" fluid after removal of the initial dressing – this is common and should not raise concern. Place an additional bandage or Band-Aids over the incisions to help them heal. Keep the incisions clean and dry.
- DO NOT apply any ointments or topical creams to the incisions until they are completely healed – this will risk the incisions becoming infected.
- When sitting or lying, keep your leg elevated with several pillows placed under the ankle (not the knee) to help decrease swelling and relieve pain.

Red flags:

- Complications after arthroscopic surgery are very rare but can occur. If you develop any of the following symptoms go to your nearest emergency department for assessment:
    - Increasing calf pain / swelling that does not improve with elevation and ice
    - Shortness of breath
    - Chest pain

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☐ Phase 1 (0-2 weeks)

Precautions:

- Weight bearing as tolerated

Range of motion:

- ROM as tolerated, no restrictions

Exercises:

- Quad/hamstring sets, heel slides, straight leg raises
- Isometric adduction and abduction exercises

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☐ Phase 2 (2-6 weeks)

Criteria for advancement to Phase 2:

- Full extension and minimum of 90 degrees flexion
- Minimal swelling/inflammation and normal gait on level surfaces

Goals:

- Restore normal gait with stair climbing
- Increase hip, quadriceps, hamstring and calf strength and proprioception

Weight-Bearing:

- As tolerated

Range of Motion:

- Full, painless ROM

Suggested Exercises:

- Continue and progress all exercises from Phase I
- Closed kinetic chain strengthening
- Progress to one-leg squats, leg press, partial lunges
- Stairmaster (begin with short steps, avoid hyperextension) and elliptical machine
- Stationary bike – progress time and resistance; progress to single leg bicycling
- If available, begin pool running (waist deep)
- Single leg balance, proprioception work

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☐ Phase 3 (6-12 weeks)

Criteria for advancement to Phase 3:

- No soft tissue complaints
- Necessary ROM, strength, endurance, and proprioception to return
- Physician clearance to resume partial or full activity

Goals:

- Safe return to athletics
- Maintenance of strength, endurance, proprioception
- Patient education with regards to any possible limitations

Exercise:

- Sport-specific training program
- Gradual return to sports participation after 6-12 weeks
- Maintenance program for strength and endurance