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CAPITAL PERFORMANCE SURGERY

REHABILITATION PROTOCOL

Knee arthroscopy and meniscus repair

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 (0-6 weeks)

Precautions:

- IN GENERAL:
  - 50% partial weight-bearing with crutches (week 0-2)
  - Progress to weight bearing as tolerated (weeks 2-4); wean crutches when gait is normalized
  - No weightbearing in flexion past 90°
- If a **meniscus root or radial tear repair** was performed:
  - Foot flat feather weight bearing with crutches (week 0-6)
  - No weightbearing in flexion past 90°
  - Your surgeon may prescribe you a valgus/varus unloader brace; you should get your brace custom fitted at around 2 weeks post-operative and start wearing it in Phase 2

Range of motion:

- ROM 0-90^{o} – no flexion beyond 90^{o} (i.e. no "deep bending") (week 0-4)
- May progress to full ROM without restrictions starting after 4 weeks

Exercises:

- Quad/hamstring sets, heel slides, straight leg raises
- Isometric adduction and abduction exercises
- At 6 weeks post-op can begin wall sits no flexion below 90^{o} during wall sit

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Phase 2 (6-12 weeks)

Criteria for advancement to Phase 2:

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

Precautions:

- If a **meniscus root or radial tear repair** was performed, please use your valgus/varus unloader brace when weight bearing (if it was prescribed to you by your surgeon)

Goals:

- Restore normal gait with stair climbing
- Obtain final degrees of full flexion range of motion
- 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
- **Continue avoiding loaded knee flexion past 90°**
- 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)
- May begin to swim with flutter kicks
- Single leg balance, proprioception work

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☐ Phase 3 (3-4 months)

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

Precautions:

- You may wean off the valgus/varus unloader brace when weight bearing (if it was prescribed to you by your surgeon)

Goals:

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

Exercise:

- Sport-specific training program
- Gradual return to sports participation after 4 months
- Maintenance program for strength and endurance