



Knee Arthroscopy – Meniscal Repair

Discharge Instructions-

Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off (if a nerve block was performed). This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first 3-5 days after surgery, as well as following PT sessions
 - Some patients may be provided an ice machine to go home with
 - This is dependent on the type of surgery you had and insurance approval
 - If you were not provided with an ice machine, regular ice pack/ bag of ice can be used
 - You may use ice 20 minutes on, 20 minutes off, as often as you wish
 - Always keep a cloth barrier, such as a towel, between the cold and your skin

Medications

Your post op medications were sent to the pharmacy we have on file prior to surgery

- Please reach out to our office if you need a refill of your medication, preferably, 24 hours prior to your last dose to allow time to fill

1. Aspirin 81 mg: For anticoagulation to help prevent blood clots

- If you are >19yo, you must take one 81mg aspirin once a day for two weeks Do not take aspirin if you are <19yo

2. Meloxicam 15 mg: For antiinflammation to help pain and swelling

- Take once a day for four weeks as tolerated for post-op inflammation

3. Zofran (Ondansetron) 4 mg: For nausea – It is common to experience nausea from anesthesia and/ or pain medication in the first few days post op

- You can take 1 tablet every 8 hours as needed for nausea
- It is a dissolving tablet that is to be placed on your tongue – allow it to dissolve, and swallow

4. Norco (Hydrocodone/Acetaminophen) 5-325 mg: For pain – This is a narcotic medication for pain, to be taken AS NEEDED

- Take 1-2 tablets every 4-6 hours as needed
- After 1-3 days, you can begin to space out the dosing/ discontinue the medication, transitioning to a step-down regimen of Tylenol and ibuprofen as soon as pain allows
- Common side effects such constipation, nausea, and cognitive impairment may occur
- It is very common to use the pain medication only at night to help sleep better or around the time of therapy so you can participate more comfortably

Other medications: For constipation – over the counter remedies such as Colace (Docusate Sodium) or Miralax as needed

- Both the anesthesia and the pain medication can cause constipation

Activity

You will start PT 1-2 weeks after surgery

- Toe touch weight bearing with crutches
 - You can put partial weight on your operative leg with only your toe touching the ground. If you



place too much weight on the knee, it may damage the repair

- Knee brace
 - **You can expect to wear the knee brace for 4-6 weeks following surgery.** You should sleep with the brace on until further directed
 - If it is a hinged brace, you may unlock it while sitting to bend to 90 but should lock it in full extension to walk
 - More instructions will be given to you at your first post-op appointment
- We suggest ankle pumps and circles when seated/laying for any period of time to help lower extremity circulation
 - Do not sit for more than 30-45 minutes at one time to help avoid blood clots.
- Return to work
 - You can return to work as soon as you feel ready. This will depend in part on what was done during the procedure
 - For sitting-down jobs, you may be ready to return within a few days.
 - For active jobs, it may be a week or more
- Physical therapy – PT begins within days after the surgery
 - You should call the physical therapist of your choice to arrange your first appointment as soon as possible after surgery. After your appointment is made, please call our office to let us know where to fax the referral

Wound Care

The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision

- Your incisions are covered by several absorbent pads, gauze, and foam dressings, it is important to keep these clean and dry
 - Do not remove or get the bandages wet for the first 3 days after surgery—if you need to shower in this time, keep dressings covered with plastic wrap/ bag/ etc. Alternatively, just sponge bath only, avoiding surgical area
- After 3 days, you can take off the dressing to check on the incision. The incisions are covered with steri-strips (small bandages), **leave those on until your first follow up visit and they will be removed at that time**, along with any sutures
 - *Even after you remove the dressings, you will still wear the brace at all times*
- You can replace the dressings with a light wrap/ Ace wrap/ elastic bandage, otherwise leave the steri-strips open and exposed to air- *continue wearing the brace until cleared by our office*
 - You can shower normally, however we advise covering the steri- strips with a waterproof band aid, if they do get wet or start to peel off- it is ok to remove them and replace with a regular band aid, to continue covering the incision
 - Do not use any topical lotions, ointments, or creams on the incision, try to avoid touching the surgical area
 - The best thing for your incision is keep them covered, and as clean and dry as possible
 - If you have any concerns about the incision (redness, draining, swelling, pain), **you can call us and send us a picture of the incision (630)-377-1188 [Press 2 to leave a voicemail]**

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery to avoid any nausea/ upset stomach

When to call your physician



If you require immediate attention, or feel that you are having a medical emergency please go to the emergency department for urgent work up

- You develop a temperature over 100.3° F degrees
- You have any drainage at the incision site 5 days or later after surgery
- The surgical area becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note- some warmth, pain, and swelling are normal)
- You have persistent pain and / or swelling in your calf.
- You have any additional questions or concerns. We are happy to talk to you at any time!

Important contact information

Physician's office phone # (630)-377-1188 [Press 2 to leave a voicemail]

Please note- We are either in clinic or surgery and not answering calls in real time – Please leave a detailed message with our clinical voicemail line and we will return all voicemails within one business day. Additionally, the call center can connect you to the PA on call, however, please reserve this option for urgent inquiries only

Oak Brook- 2425 W. 22nd St. Suite 207A Oak Brook, IL 60523 P: (630) 377-1188 F: (630) 377-7360

Little Village- 2859 S. Pulaski Rd. Chicago, IL 60623 P:(630) 377-1188 F: (630) 377-7360

St. Charles- 2900 Foxfield Rd. Suite 102 St. Charles, IL 60179 P: (630) 377-1188 F: (630) 377-7360

Physical Therapy Protocol

PT will start 1-2 weeks post op

Overview:

- Week 1 – Begin PT
- Week 2-4 – Gradual increase of weight-bearing with brace locked in extension
- Week 5 – Full weightbearing, discontinue brace
- Week 6 – Cycling if ROM permits
- Month 4 – Straight line running and deep squatting permitted
- Month 6 – Gradual return to full sport

Phase I – Maximum Protection Phase (1-4 weeks)

Goals: Control inflammation, allow early healing, full passive extension, gradual increase of flexion, independent quad control

Day 0-10

- Continue ice, compression, elevation
- Weight bearing: toe touch with two crutches
- Brace locked at 0 degrees for ambulation and sleeping
- Brace unlocked for sitting
- Passive range of motion from 0-90 degrees



Exercises:

- Patellar mobilizations
- Hamstring and gastrocnemius stretches
- Quad sets
- Straight leg raises flexion
- Hip abduction and adduction
- Knee extensions 60-0 degrees

Week 2 – Week 4

- Continue brace locked for ambulation
- Continue ice, compression
- Avoid twisting, deep squatting, and stooping

Week	Range of Motion	Weightbearing
2	0-90/100 degrees	25% of weight
3	0-105/115 degrees	50% of weight
4	0-120/135 degrees	75% of weight

Exercises:

- Continue PROM and stretching
- Multi-angle quad isometrics
- Straight leg raises in all planes
- Knee extensions 90-0
- CKC mini-squats 0-45 degrees
- CKC wall squats
- CKC weight shifts (diagonal)
- Balance training (cup walking)
- Bicycle (once ROM is appropriate)

PHASE II – Moderate Protection Phase (Weeks 5-8)

Goals: Full PROM, no swelling/inflammation, re-establish muscle control, normalize gait

Weeks 5-8:

- Continue use of ice and compression as needed
- Avoid twisting, pivoting, running, and deep squatting
- Discontinue brace at week 4-5

Exercises:



- Continue ROM and stretching to maintain 0-135 degrees
- Leg press 45-0 degrees
- Knee extension 90-40 degrees
- Hip abduction / adduction
- Wall squats 45 degrees
- Vertical squats 45 degrees
- Lateral step-ups
- Biodex stability
- Squats rocker board
- Cup walking
- Bicycle (if ROM permits)
- Pool Program

PHASE III – Controlled Activity Phase (Week 9-16)

Goals: Improve strength and endurance, maintain full ROM, gradually increase applied stress

Precautions: No squat or leg press greater than 45 degrees until month 4

Week 9-12:

- Continue all strengthening exercises listed above
- Initiate light resisted hamstring curls
- Initiate stair stepper
- Toe calf raises
- Progress balance training
- Progress to isotonic strengthening program

Week 12-16:

- Continue strengthening and stretching program
- Initiate pool running

PHASE IV – Return to Activity (Month 4-6)

Goals: Improve strength and endurance, prepare for unrestricted activities

Criteria to begin Phase IV: full nonpainful ROM, satisfactory isokinetic test, no pain, satisfactory clinical exam

Exercises:

- Continue and progress strengthening exercises and stretching drills
- Deep squatting permitted at 4 months
- Straight line running initiated at 4 months
- Pivoting and cutting initiated at 5 months
- Agility training initiated at 5 months
- Gradual return to sport at 6 months



Early Post-Operative Knee Home Exercises

Regular exercises to restore range of motion and flexibility to your Knee and a gradual return to your everyday activities are important for your full recovery after shoulder surgery. The exercises detailed below should be completed daily as a part of your recovery routine.

- Please start these exercises post op day 1
- At least 3x/day
- 5-10 minutes per session
- Remove brace during exercises

Quad Sets

- Lay on your back with a towel under your knee
- Tighten your quadriceps (group of muscles present on the front of the thigh) pushing your knee downward into the towel for 3-5 seconds then relax.
- Repeat for 10 repetitions.
- Do 3 sessions a day.



Heel Slides

- Lay on your back, Slide your heel back toward your buttock as far as you can comfortably go
- Once you reach your limit, hold the position for 3-5 seconds, then relax.
- Repeat for 10 repetitions.
- Do 3 sessions a day.



Patellar Mobilization

- Sit or lay down on your bottom or back with your legs straight out in front of you.
- Firmly move your patella (knee cap) side to side and in circular motions.



- Complete two sets of 1 minute each.
- Do 3 sessions a day.

