

**Brian Forsythe, M.D.**  
Sports Medicine  
Shoulder, Elbow, Knee Arthroscopy  
Shoulder Replacement Surgery

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MIDWEST  
ORTHOPAEDICS  
at RUSH



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9200 Calumet Avenue  
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**DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL:  
Arthroscopic Meniscal Repair**

- ❖ Recovery after knee surgery entails controlling swelling and discomfort, healing, return of range-of-motion of the knee joint, regaining strength in the muscles around the knee joint, and a gradual return to activities. The following instructions are intended as a guide to help you achieve these individual goals and recover as quickly as possible after your knee surgery.
  - ❖ **COMFORT**
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- **Elevation**
    - Elevate your knee and ankle above the level of your heart. The best position is lying down with two pillows lengthwise under your entire leg. This should be done for the first several days after surgery.
  - **Cold Therapy**
    - If you elected to receive the **circulating cooling device**, this can be used continuously for the first 3 days, (while the initial post-op dressing is on). After 3 days, the cooling device should be applied 3 times a day for 20-30 minute intervals.
    - If you elected to receive the **gel wrap**, this may be applied for 20 minutes on, 20 minutes off as needed. You may apply this over the post-op dressing. Once the dressing is removed, be sure to place a barrier (shirt, towel, cloth, etc.) between your skin and the gel wrap.
    - If you elected to use **regular ice**, this may be applied for 20 minutes on, 20 minutes off as needed. You may apply this over the post-op dressing. Once the dressing is removed, be sure to place a barrier (shirt, towel, cloth, etc.) between your skin and the ice.
  - **Medication**
    - **Pain Medication-** Take medications as prescribed, but only as often as necessary. Avoid alcohol and driving if you are taking pain medication.
      - You have been provided a narcotic prescription postoperatively. Use this medication sparingly for moderate to severe pain.
      - **You are allowed two (2) refills of your narcotic prescription if necessary.**
      - When refilling pain medication, weaning down to a lower potency or non-narcotic prescription is recommended as soon as possible.
      - Extra strength Tylenol may be used for mild pain.

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- Over the counter anti-inflammatories (Ibuprofen, Aleve, Motrin, etc.) shoulder be **avoided** for the first 4 weeks following surgery.
- **Anti-coagulation medication:** A medication to prevent post-operative blood clots has been prescribed (Aspirin, Lovenox, etc.) This is the only medication that **MUST** be taken as prescribed until directed to stop by Dr. Forsythe.
- **Nausea Medication** – Zofran (Odansetron) has been prescribed for nausea. You may take this as needed per the prescription instructions.
- **Constipation Medication** - Colace has been prescribed for constipation. Both your pain medication and the anesthesia can cause constipation. Take this as needed.

#### ❖ ACTIVITIES

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- **Locking Knee Brace** – The brace is to be worn for up to 4-6 weeks following surgery. It will be locked straight until bone healing and good knee strength have been achieved (usually 5-6 weeks after surgery). At that time your doctor will determine if your leg has enough strength to allow your brace to be unlocked. You may unlock the brace while sitting but lock the brace before standing. Sleep with the brace on until directed by Dr. Forsythe.
- **Exercises** – These help prevent complications such as blood clotting in your legs. Point and flex your foot and wiggle your toes. Thigh muscle tightening exercises should begin the day of surgery and should be done for 10 to 15 minutes, 3 times a day, for the first few weeks after surgery.
- **CPM** – (Continuous Passive Motion Machine) – A Continuous Passive Motion (CPM) machine may be started the day **after** your surgery. This machine will be set at 30°. Motion on the machine should be increased at 10-15° per day or as much as tolerated, to a maximum of 90° in the first 4 weeks. The machine should be used 6 hours per day (i.e. 2 hours in the morning, 2 hours in the afternoon and 2 hours in the evening). Use of the machine will continue for 1-2 weeks, or until maximum flexion of the machine is reached (90°).
  - **DO NOT WEAR LEG BRACE OR COOLING DEVICE WHILE USING CPM MACHINE.**
- **Weightbearing** – You are allowed to put partial weight on your operative leg with only your toe touching the ground. Keep your brace locked in a straight position. Walk using two crutches or a walker. You may touch your foot on the floor for balance. Do this within the limits of pain. After 1 week, you are allowed to put full weight on your leg.
- **Physical Therapy** – PT is usually started a week after surgery. You should call the physical therapist of your choice for an appointment as soon as possible after surgery. A

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prescription for physical therapy, along with physical therapy instructions (included in this packet) must be taken to the therapist at your first visit.

- **Athletic Activities** – Athletic activities, such as swimming, bicycling, jogging, running and stop-and-go sports, **should be avoided** until allowed by your doctor.
- **Return to Work** – Return to work as soon as possible. Your ability to work depends on a number of factors – your level of discomfort and how much demand your job puts on your knees. If you have any questions, please call your doctor.

❖ WOUND CARE

- **Bathing** - Tub bathing, swimming, and soaking of the knee **should be avoided** until allowed by your doctor - Usually 4-6 weeks after your surgery. Keep the dressing on, clean and dry for the first 3 days after surgery.
  - You may shower 3 days after surgery with WATERPROOF band-aids on. Apply new band-aids after showering.
- **Dressings** - Remove the dressing 3 days after surgery. Your stitches will be left in until about 1 week post-op. You may apply band-aids to the small incisions around your knee.

❖ EATING

- Your first few meals, after surgery, should include light, easily digestible foods and plenty of liquids, since some people experience slight nausea as a temporary reaction to anesthesia.

❖ CALL YOUR PHYSICIAN IF:

- Pain in your knee persists or worsens in the first few days after surgery.
- Excessive redness or drainage of cloudy or bloody material from the wounds (Clear red tinted fluid and some mild drainage should be expected). Drainage of any kind 5 days after surgery should be reported to the doctor.
- You have a temperature elevation greater than 101°
- You have pain, swelling or redness in your calf.
- You have numbness or weakness in your leg or foot.

❖ RETURN TO THE OFFICE

- Your first return to our office should be within the first 1-2 weeks after your surgery. You can find your appointment for this first post-operative visit in the post op instruction folder.

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**REHABILITATION PROGRAM:  
Arthroscopic Meniscal Repair**

**NOTE: The following instructions are intended for your physical therapist and should be brought to your first physical therapy visit.**

❖ **INTRODUCTION**

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The intent of this protocol is to provide the therapist with guidelines of the post-operative rehabilitation course after an arthroscopic meniscal repair. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.

❖ **GOALS**

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1. Manage inflammation (Cryo-Cuff, NSAIDs, etc.)
2. Controlled gains in range-of-motion
3. Early maintenance of strength
4. Toe touch-weightbearing in full extension for 1 week then FWB in brace locked in extension
5. Brace – Extension Lock Brace

❖ **0-1 Week**

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- ROMs - 0° - 90° toe touch-weight bearing, patellar slides
- Weightbearing - TTWB in full extension (brace locked)
- Strength
  - controlled quad exercises
  - SLR, quad contraction (isometric), hip extension and flexion, calf raises
- Brace locked in extension

❖ **1-4 Week**

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- ROMs - achieve 0° - 90°, patellar slides
- Weightbearing - WBAT, brace locked in extension
- Strength - continue 0 – 1 week exercises
- Brace - locked in extension

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❖ 4 - 6 Week

- ROMs -advance to normal ROMs, no flexion loading beyond 90° flexion
- Strength
  - quads – mini squats, closed chain exercises
  - hamstrings – start hamstring curls, hip extension and flexion, calf exercises
- Weightbearing - begin normal gait training, initially unlock brace if good quad control and then wean from brace over the next 2 weeks

❖ 6 Weeks

- ROMs - achieve normal ROMs
- Strength - continue 4-6 weeks protocol
- Weightbearing - WBAT without brace
  - Watch flexion loads beyond 90° flexion (stresses the repair)

❖ > 6 WEEKS

- Home program

❖ 4 MONTHS

- Resume athletic activities

❖ 6 MONTHS

- Allow hyperflexion and squatting at this time