



Knee Arthroscopy – Meniscal Repair

Discharge Instructions

Comfort

- Discomfort increases 24-48 hours after surgery due to the injected medication wearing off. This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – Ice will greatly reduce pain and will help with swelling. You may use it 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. You may remove the ACE wrap temporarily to allow the cold to penetrate, but please rewrap it afterward.
- **Medication**
 - For **anticoagulation** – you **MUST** take one 81mg aspirin daily for two weeks to help prevent blood clots. This is the only mandatory medication.
 - For **nausea** – Zofran (ondansetron) as needed.
 - For **constipation** – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
 - For **pain** – A narcotic pain medication will be prescribed for you if it is deemed safe with your history and allergies. Try to manage your pain with ice and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such constipation, nausea and cognitive impairment may occur. Tylenol can be used as a step-down medication and is recommended as soon as possible. It is very common to use the pain medication at night to help sleep better.

Activity

- 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.
- Driving – We want you to be safe and comfortable when you return to driving.
 - If your procedure was on the left knee, you may drive as soon as you are no longer taking the narcotic pain medication.
 - If on the right side, you may be able to drive safely from 3-7 days after the procedure. This is a sliding scale, depending on your pain and progress, and we will discuss it at your first post-op appointment.
- 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

- Your incisions are covered by several absorbent pads, gauze, a white cotton bandage, and an ACE wrap. Please leave this in place for at least 3-5 days post-op.
 - Do not get the bandages wet for 3-5 days after surgery—so this means using a bag over the limb for showering, holding it out of the shower, etc.
 - If the ACE wrap feels too tight, you can loosen it and rewrap it, but please leave the white dressing and other bandages in place until 3-y dayspost-op.
 - The bandages were applied under sterile conditions in the OR, and we want to avoid bacteria near the incision.
- After 3-5 days, you can take off the bandages to check on the incision. Keep the surgical incisions clean, dry and covered. If you have any concerns about the incision (redness, draining, swelling, pain), you can call us and send a picture to info@genesisortho.com
- Even after you take off the bandages at 1 week post-op, you must continue to use the brace at all times. You can continue to use the ACE wrap for compression.

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. Some people experience nausea as a temporary reaction to anesthesia.

Call your physician if:

- You develop a temperature over 100.3 degrees.
- You have persistent pain and / or swelling in your calf.
- The knee becomes hot to the touch, red, intolerably painful, or swells suddenly.
 - (Note some warmth, pain, and swelling are normal.)
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

Recovery Milestones:

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

Rehabilitation Protocol



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