



## KNEE ARTHROSCOPY: INITIAL REHABILITATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

This handout describes details of the early post-operative care of your knee. The rehabilitation of your knee after surgery is essential for the success of your treatment. Your surgeon and physiotherapist will advise you on the specifics of your rehabilitation, but the ultimate responsibility to exercise consistently is yours.

The main goals of rehabilitation in the first two weeks are:

1. Control pain and inflammation
2. Allow the surgical wounds to heal properly
3. Commence appropriate exercises to minimize the side effects of immobilization

## CONTROL OF PAIN AND INFLAMMATION

During the early post-op period, you will experience some discomfort in your knee. To control the pain and inflammation:

- Ice
  - Use a cold gel pack or bag of crushed ice or frozen peas wrapped in a damp towel. Keep the dressings dry
  - For the first few days, apply ice for **15 minutes every hour** on the painful area of your knee
  - After first few days, the frequency of icing can be reduced to every 2-3 hours or so
- Medications
  - You will receive a prescription for pain relief prior to discharge from hospital. As the local anaesthetic starts to wear off, start taking the pain-killers.
  - Don't wait until the pain is really severe to take pain relief. It is easier to keep pain under control, than to get it back under control.

## POST-OPERATIVE WOUND CARE

There is a waterproof dressing on the skin, this remains undisturbed until clinic review. Some oozing can be expected in the 1<sup>st</sup> 24 hours. This is normal. After 24h, the loose dressings under the tubigrip can be discarded.

The inner dressing can be left undisturbed until being seen in the 1<sup>st</sup> post-operative clinic. The inner dressing is waterproof and may be gently showered over, then patted dry from 3 days after surgery. Avoid getting the wounds wet. Do not swim, have a spa or bath. Reapply the tubigrip after showering.

Do not rest the knee on a pillow for comfort, this can lead to knee stiffness.

Your next clinic appointment is:

\_\_\_\_\_

Contact the clinic if you have a significant amount of **ongoing oozing** or **bleeding** after the first 24h, or if you have **worsening swelling and pain** in spite of resting, taking your painkillers and decreasing exercise intensity.

**MOBILIZATION**

Weightbearing status:

**Full, with crutches** ☐ **Partial** ☐ **Touch** ☐ **None** ☐

Perform all movements slowly and with good control and form. The exercises should not cause pain or significant increase in your swelling. After each session, replace the tubigrip bandage and ice the knee.

**RANGE OF MOTION EXERCISES**

Perform the exercise program three times per day. Ice the knee 15 minutes on, 15 minutes off for the hour or so after doing the exercises as it may get sore and inflamed.

**1. Gravity extension**

Lying on your back, allow the knee to straighten out under the effect of gravity. Rest in this position for up to a minute each time.

**2. Seated passive knee flexion**

Start with the knee extended, supported by your good leg. Let it slowly bend down with your good leg controlling the speed of bending.

Do not push the bend beyond what is comfortable.

Use your good leg to bring your operated leg back up to the starting position.

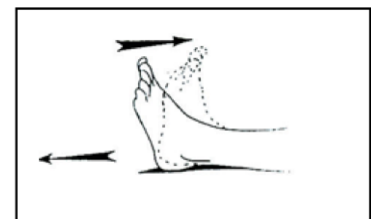


Maximum allowed motion:

0° ☐ 30° ☐ 60° ☐ 90° ☐ 120° ☐ Full ☐

**3. Ankle pumps**

Move the foot up and down to stimulate circulation in the leg. Do at least 10 ankle pump exercises each hour.



**STRENGTHENING EXERCISES**

*Four-way straight leg raises (10 reps per set, up to 3 sets as tolerated)*

**1. Flexion**

Lying on your back, bend the uninvolved knee and put it on the floor. Tighten the quads to keep the knee straight, pull your toes back towards your head and smoothly lift your leg from the floor. Hold for several seconds and then lower. If you cannot keep your knee straight, use a strap around your foot, held in your hand to assist with the lifting.

**2. Adduction**

Lie on the operated side. Bend the opposite leg and place the foot on the floor behind the operated leg. Slowly raise the leg towards the ceiling, hold 3 seconds, then lower.

**3. Abduction**

Lie with the operated side up, have the lower leg bent slightly for balance. Straighten the operated leg by tightening the quads and then slowly lift up to the side towards the ceiling. Hold 3 seconds then lower.



Flexion



Adduction



Abduction

**MANUAL THERAPY**

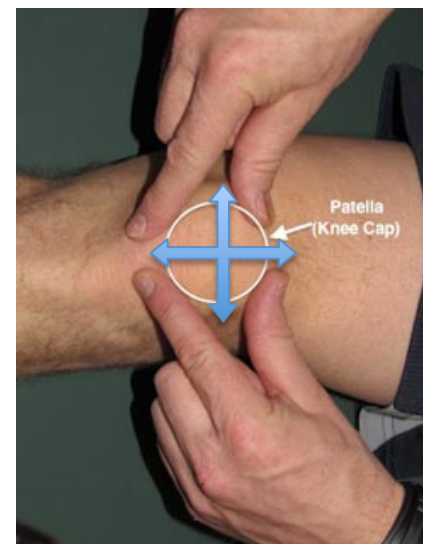
*Patellar mobilization*

Good knee mobility depends on the patella (knee cap) sliding freely over the underlying joint. Post-operative scarring can limit this sliding and inhibit knee movement. Patellar mobilization helps prevent scar tissue formation.

Start these exercises on first post-op day

Firmly grasp the patella between the thumb and index finger of both hands. Slide the patella as far as it can go towards your foot, pushing firmly with your thumbs. Hold for 10 seconds and then release. Repeat 3 times. Repeat the process in each of the other 3 directions shown.

Perform this series 2-3 times per day.



You can view video clips of most of the listed exercises by going to the MGH Sports Medicine website: [http://www.massgeneral.org/sports/protocols\\_therapy\\_videos.html](http://www.massgeneral.org/sports/protocols_therapy_videos.html)