

Post-Operative Instructions **Knee Arthroscopy and Partial Meniscectomy**

Day of surgery

- A.** Diet as tolerated
- B.** Icing is important for the first 5-7 days post-op. While the post-op dressing is in place, icing should be done continuously. Once the dressing is removed on the first or second day, ice is applied for 20-minute periods 3-4 times per day. Care must be taken with icing to avoid frostbite. Alternatively, Cryocuff or Game-ready ice cuff can be used as per instructions.
- C.** Pain medication as needed every 4-6 hours (refer to pain medication sheet).
- D.** Make sure you have a physical therapy post-op appointment scheduled during the first week after surgery

First Post-Operative Day

- A.** Continue icing
- B.** Pain medication as needed.
- C.** You may remove surgical bandage and shower this evening. Apply regular bandages to these wounds prior to showering and when showering is complete apply fresh regular bandages. You will need to follow this routine for 2 weeks after surgery.

Second Post-Operative Day Until Return Visit

- A.** Continue ice pack as needed.
- B.** Unless otherwise noted, you can bear as much weight on the affected leg as you can tolerate. Most patients use crutches or a cane for the first 1-3 days. The amount of pain you experience should be your guide for discontinuing crutch or cane use.
- C.** If there is no brace on your leg, you may bend the knee as tolerated.
- D.** If you have a brace or a splint on your leg, this must be worn for all walking activities. The brace may be removed for showering. It may also be removed for short periods of time while relaxing (while watching television, reading, etc.) as long as the leg is well supported.
- E.** Call our office @ 646-501-7223 option 4, option 2 to confirm your first postoperative visit, which is usually about 1-2 weeks after surgery. If you are experiencing any problems, please call our office or contact us via the internet at www.newyorkortho.com.

Rehabilitation Protocol: Arthroscopic Meniscectomy/Chondral Debridement

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-2)

- **Weightbearing:** As tolerated with crutches (for balance) x 24-48 hours – progress to WBAT
- **Range of Motion** – AAROM →→ AROM as tolerated
 - Goal: Immediate full range of motion
- **Therapeutic Exercises**
 - Quad and Hamstring sets
 - Heel slides
 - Co-contractions
 - Isometric adduction and abduction exercises
 - Straight-leg raises
 - Patellar mobilization

Phase II (Weeks 2-4)

- **Weightbearing:** As tolerated
- **Range of Motion** – maintain full ROM – gentle passive stretching at end ranges
- **Therapeutic Exercises**
 - Quadriceps and Hamstring strengthening
 - Lunges
 - Wall-sits
 - Balance exercises – Corework

Phase III (Weeks 4-6)

- **Weightbearing:** Full weightbearing
- **Range of Motion** – Full/Painless ROM
- **Therapeutic Exercises**
 - Leg press
 - Hamstring curls
 - Squats
 - Plyometric exercises
 - Endurance work
 - Return to athletic activity as tolerated

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____ Date: _____