



ORTHOPEDIC PARTNERS

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Arthroscopic Meniscus Repair

Post-Operative Instructions

Pain Control and Ice

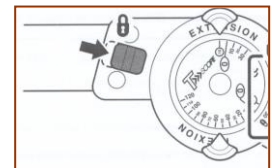
- A pain medication prescription will be provided prior to discharge.
- You may take the prescribed medication as directed.
- You should expect to experience minimal to moderate knee discomfort for several days and even weeks following the surgery.
- Patients often only need prescription narcotics for a few days following the surgery and then can switch to over-the-counter medications such as Tylenol, Advil, or Ibuprofen.
- Ice bags and elevation should be utilized to decrease swelling and pain. Ice should be applied to the knee up to three times a day for 20 minute periods until swelling subsides

Wound Care

- If there is bleeding through the bandage, reinforce it with additional dressings for the first 48 hours.
- After 48 hours, remove the bandage. If the incisions are dry (no active bleeding) then you may leave the knee uncovered without a dressing. Please leave the Steri-strips on across the incisions. If the knee is still bleeding, place new sterile dressings over the incisions and change after an additional 24 hours
- Showering is acceptable after 48 hours. You may get the wounds wet but do NOT scrub the incision sites.
- No swimming or tub bathing until cleared by Dr. Piposar at your first post-operative appointment

Rehabilitation/ General Post-Op Care

- You will be able to put as much weight as you can tolerate on your leg utilizing crutches with the brace **LOCKED IN EXTENSION**
- Start physical therapy during the first post-op week.
- The hinged knee brace should remain **locked for 24 hours** with the knee fully extended following surgery
 - 1) After 24 hours, you may unlock the brace which will allow you to bend and straighten your knee
 - Do NOT bend the knee past 90° of flexion
 - 2) You may remove the brace to shower and bathe
 - 3) **At night, please keep the brace locked at 0° of extension**
- Unlock brace by sliding locking bar away from brace hinge.
- **Take one 325 mg (full strength) Aspirin daily for 14 days** (unless <19 y/o or allergic) to prevent blood clots.
- Your first post-op appointment is 10-14 days following surgery. This is usually scheduled at your pre-operative visit. If not, then please call the office to schedule
- You may drive once you establish control of your operative extremity. If your right knee was operated on, this may take approximately 3-5 days to achieve. You may not drive under influence of pain medication.
- Plan at least 2-3 days away from work or school. Utilize this time to decrease swelling and participate in your home exercise program. You may be able to resume work once the pain and swelling resolves (this varies based on job activity).



Important Notes

- Peri-incisional numbness should be expected after any skin incision. Even the small incisions used for a knee arthroscopy.
- Recovery from an arthroscopy can be influenced by many factors. Osteoarthritis of the knee may slow the recovery from a knee arthroscopy and ultimately dictates long term function of the knee.

Early Post-Operative Exercises

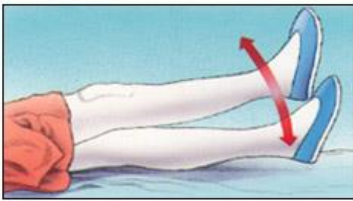
Start the following exercises as soon as you are able. You can begin these in the recovery room shortly after surgery. You may feel uncomfortable at first, but these exercises will speed your recovery and actually diminish your post-operative pain.

Repetitions per set: 20

Sets of each exercise: 3

Sets per day: 3

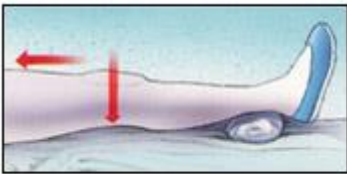
Quad Sets - Tighten your thigh muscle. Try to straighten your knee. Hold for 5 to 10 seconds.



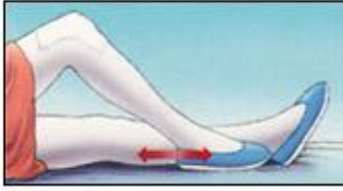
Straight Leg Raises - Tighten the thigh muscle with your knee fully straightened on the bed, as with the Quad set. Lift your leg several inches. Hold for 5 to 10 seconds. Slowly lower.



Ankle Pumps - Move your foot up and down rhythmically by contracting the calf and shin muscles. Perform this exercise periodically for 2 to 3 minutes, 2-3x an hour in the recovery room. Continue this exercise until you are fully recovered and all ankle and lower-leg swelling has subsided.



Knee Straightening Exercises - Place a small rolled towel just above your heel so that it is not touching the bed. Tighten your thigh. Try to fully straighten your knee and to touch the back of your knee to the bed. Hold fully straightened for five to 10 seconds.



Bed-Supported Knee Bends - Bend your knee as much as possible while sliding your foot on the bed. Hold your knee in a maximally bent position for 5 to 10 seconds and then straighten.

Jonathan R. Puposar, MD

Meniscus Repair Physical Therapy Protocol

Phase 1 (Week 0-6):

Goals: Minimize pain and swelling, regain motion

Treatment plan:

- 1) Swelling control with ice and compression wrap
- 2) Progress towards 90° of flexion and full extension
- 3) Begin quadriceps and hamstring exercises (See attached instruction sheet)
 - Quad setting, SLR, heel slides, isometric hamstring/quadriceps contraction
 - Ankle pumps
- 4) Weight bear as tolerated with crutches locked in extension
- 5) Wean off narcotic pain medication

Phase 2 (Weeks 6-12):

Goals: Muscle strengthening, independent mobility

Treatment plan:

- 1) Independent ambulation (no crutches)
- 2) Discontinue brace
- 3) Swelling control
- 4) Focus on strengthening the quadriceps and hamstring muscles
 - a. Daily exercises (physical therapy and home)

Phase 3 (Weeks 12-16):

Goals: Full lower extremity strengthening/conditioning program

Treatment plan:

- 1) Progress strengthening – lunges/ reverse lunges/ single leg squats
- 2) Full knee range of motion
- 3) Begin light impact activities

Phase 4 (Weeks 16+):

Goals: Full lower extremity strengthening/conditioning program

Treatment plan:

- 1) Begin more impactful activities (Running, cutting, etc)
- 2) Return to sport planning

