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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1611 W. Harrison St, Ste 400
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DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL:
Knee Resurfacing/Unicompartmental Arthroplasty

- 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
  - **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.

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- Extra strength Tylenol may be used for mild pain.
- 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

- **Range-of-Motion** – Move your knee through range of motion as tolerated. This must be done while sitting or lying down.
- **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 will 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 110° in one week. 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 (110°).
  - **DO NOT WEAR LEG BRACE OR COOLING DEVICE WHILE USING CPM MACHINE.**
- **Weightbearing** – You are allowed to put all of your weight on your operative leg using your brace in the **locked straight** position. Do this within the limits of pain. Two crutches should be used until directed to discontinue by Dr. Forsythe.

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- **Physical Therapy** – PT is usually started a 1-2 weeks after surgery. You should call the physical therapist of your choice for an appointment as soon as possible after surgery. A 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 5 days after surgery with WATERPROOF band-aids on. Apply new band-aids after showering.
- **Dressings -** Remove the dressing 3 days after surgery. Your staples and stitches will be left in until about 1-2 weeks post-op. You may apply band-aids to the small incisions around your knee and cover your larger incision with sterile gauze.

❖ 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:
Knee Resurfacing/Unicompartmental Arthroplasty

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

<u>GENERAL CONSIDERATIONS:</u>

- All times are to be considered approximate, with actual progression based upon clinical presentation.
- Patients are full weightbearing with the use of crutches, a walker or a cane to assist walking until they are able to demonstrate good walking mechanics.
- Early emphasis is on achieving full extension equal to the opposite leg as soon as able.
- No passive or active flexion range-of-motion greater than 90° for the first two weeks.
- No two-legged biking or flexion exercises for at least two weeks. Well-leg biking is fine.
- Regular manual treatment should be conducted to the patella and all incisions so they remain mobile.
- Early exercises should focus on recruitment of the vastus medialis obliquus (VMO).
- No resisted leg extension machines (isotonic or isokinetic) at any point in the rehab process.

<u>WEEK 1:</u>

- Goal is to allow the medial arthrotomy to heal and decrease swelling.
- Icing, elevation, and aggressive edema control (i.e., circumferential massage, compressive wraps).
- Straight leg raise exercises (standing and seated), passive and active ROM exercises.
- Okay to gently bend knee < 90° 1-2 times per day.
- Initiate quadricep/adduction/gluteal sets; gait training, balance/proprioception exercises.
- Well-leg cycling and upper body conditioning.
- Soft tissue treatments and gentle mobilization to the posterior musculature, patella, and incisions to avoid flexion or patella contracture.

<u>WEEKS 2-4:</u>

- Physician visit 10-14 days post-op for suture removal and check-up.
- Continue with home program, progress flexion range-of-motion, gait training, soft tissue treatments, and balance/proprioception exercises.

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- Incorporate functional exercises as able (i.e., seated/standing marching, hamstring carpet drags, hip/gluteal exercises, and Core stabilization exercises).
- Aerobic exercise as tolerated (i.e., bilateral stationary cycling as able, UBE, pool workouts once incisions are healed).

WEEKS 4-6:
- Physician visit 4-6 weeks post-op.
- Increase the intensity of functional exercises (i.e., progress to walking outside, introducing weight machines as able).
- Continue balance/proprioception exercises (i.e., heel-to-toe walking, assisted single leg balance).
- Slow-to-normal walking without a limp.

WEEKS 6-8:
- Add lateral training exercises (i.e., lateral steps, lateral step-ups, step-overs) as able.
- Incorporate single leg exercises as able (eccentric focus early on).
- Patients should be walking without a limp and range-of-motion should be ≤ 10° extension and ≥ 110° flexion.

WEEKS 8-12:
- Begin to incorporate activity specific training (i.e., household chores, gardening, sporting activities).
- Low impact activities until after Week 12.
- Patients should be weaned into a home/gym program with emphasis on their particular activity/sport.