

Brian Forsythe, M.D.
Sports Medicine
Shoulder, Elbow, Knee Arthroscopy
Shoulder Replacement Surgery

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**MIDWEST
ORTHOPAEDICS
AT RUSH**

Midwest Orthopaedics at Rush
1611 W. Harrison St, Ste 400
Chicago, IL 60612

Munster Indiana Office
9200 Calumet Avenue
Munster, IN 46321

Rush Oak Brook
2011 York Road, Ste 1500
Oak Brook, IL 60523



DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL: MCL Repair

Recovery after surgery entails controlling swelling and discomfort, healing, return of range-of-motion, regaining strength in the muscles 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 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.**

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- When refilling pain medication, weaning down to a lower potency or non-narcotic prescription is recommended as soon as possible.
 - Extra strength Tylenol may be used for mild pain.
 - **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.
 - **Driving**
 - **Right knee surgery:** Driving is NOT permitted for the first 1-2 weeks following right knee surgery.
 - **Left knee surgery:** Driving is allowed when comfortable AND you are not taking narcotic pain medication.

❖ ACTIVITIES

- **Weightbearing** – You are allowed to put partial weight on your operative leg with only your toe touching the ground. (No more than 10% of your body weight for weeks 0-2 weeks post op and no more than 50% of your body weight for 2-6 weeks post op.) Weightbearing will be protected for approximately 8 weeks. Keep your brace locked in a straight position. Walk using two crutches or a walker. You may touch your foot on the floor for balance. Do this within the limits of pain.
- **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 3 days after surgery with WATERPROOF band-aids. Apply new band-aids after showering.

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- **Dressings** - Remove the dressing 3 days after surgery. Your stitches will be left in until about 1 week post-op. Will be removed at your post op visit. You may apply band-aids to the small incisions around your knee. Keep incisions clean and dry.

❖ 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: MCL Repair

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Phase I- Post-Op Days 1-14

- Dressing:
 - POD 1: Debulk dressing, TED Hose in place
 - POD 2: Change dressing, keep wound covered, continue TED Hose
 - POD 7-10: Sutures out in at post op visit, D/C TED Hose when effusion resolved
- Brace x 8 weeks – Locked in extension for ambulation
- Crutches – Partial weight bearing (PWB) in brace (toe touch)
- Patellar mobilization (teach patient)
- Calf pumping
- Passive extension with heel on bolster or prone hangs
- Electrical stimulation in full extension with quad sets and straight leg raise(SLR)
- Quad sets, Co-contractions quads/hams
- Straight leg raise (SLR) x3 on mat in brace – **No ADDUCTION**
- Short arc quads
- **No stationary bike x 6 weeks**
- Ice pack with knee in full extension after exercise

GOALS

- Pain/effusion control
- Good quad control

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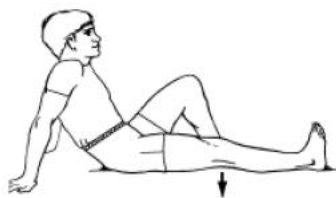
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KNEE POST-OP PHASE I

Perform exercises below frequently: 30 reps, 3 – 5x a day

Quad Isometrics



Heel Slides



Active Assisted Motion



Ice Position 15 minutes 2-3 x per day



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Phase II- Weeks 2-6

- Brace x8 weeks – Continue locked in extension for ambulation
- Crutches – Continue PWB in brace (toe-touch)
- Continue appropriate previous exercises
- Scar massage when incision healed
- Total Gym for ROM (level 1-3)
 - Passive flexion to 60 degrees (push up with opposite leg)
- SLR x 3 on mat
- **No stationary bike x 6 weeks**
- Stretches – Hamstring, Hip Flexors, ITBand

GOALS

- ROM 0-60 degrees
- No extensor lag

Phase III- Weeks 6-8

- Brace x 8 weeks – unlock brace for ambulation
- Crutches – Progress to full weight bearing as tolerated (WBAT), D/C crutches when gait is normalized
- Continue appropriate previous exercises
- AAROM, AROM 0-120 degrees only
- Standing SLR x 3 with light Theraband bilaterally
 - May begin Hip ADD with Theraband if good LE control in full extension
- Total Gym (level 3-5) – Mini squats 0-45 degrees
 - Passive flexion to 90 degrees (push up with opposite leg)
- Leg press 0-45 degrees with resistance up to ¼ body weight
- Hamstring curls 0-45 degrees – Carpet drags or rolling stool (closed chain)

GOALS

- ROM 0-120 degrees
- No effusion

Phase IV- Weeks 8-10

- Brace – open to full range
- Crutches – Weight bearing as tolerated (WBAT)Continue appropriate previous exercises

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- PROM, AAROM, AROM to regain full motion
 - Standing SLR x 4 with light Theraband bilaterally
 - Wall squats 0-45 degrees
 - Leg press 0-60 degrees with resistance up to ½ body weight
 - Hamstring curls through full range– Carpet drags or rolling stool
 - Forward, lateral, and retro step downs in parallel bars
 - No knee flexion past 45 degrees (small step)
 - Proprioceptive training – Single leg standing in parallel bars
 - Double leg BAPS for weight shift
 - Single leg heel raises
 - Treadmill – Forwards and backwards walking
 - Stationary bike – Progressive resistance and time
 - Elliptical trainer

GOAL

- Full ROM

Phase V- Weeks 10-12

-
- D/C Brace
 - Continue appropriate previous exercises with progressive resistance
 - Leg press 0-90 degrees with resistance as tolerated
 - Hamstring curls on weight machine
 - Knee extension weight machine
 - Forward, lateral, and retro step downs in parallel bars
 - No knee flexion past 45 degrees (medium to large step)
 - Proprioceptive training – Single leg BAPS, ball toss and body blade, Grid exercises
 - Treadmill – Walking progression program
 - Stairmaster – Small steps
 - Pool therapy

GOAL

- Walk 2 miles at 15 min/mile pace

Phase VI- Months 3-4

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- Continue appropriate previous exercises
 - Fitter
 - Slide board
 - Functional activities – Figure 8s, gentle loops, large zigzags

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- Treadmill – Running progression program
 - Pool therapy – Swimming laps
 - Quad stretches

GOAL

- Run 2 miles at easy pace

Phase VII- Months 4-6

- Continue appropriate previous exercises
- Agility drills / plyometrics
- Sit-up progression
- Running progression to track
- Transition to home/gym program

GOAL

- Return to all activities