

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



**MIDWEST  
ORTHOPAEDICS  
AT RUSH**

**Midwest Orthopaedics at Rush**  
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## **DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY PROTOCOL: Subchondroplasty/Meniscal Debridement/Chondroplasty/Synovectomy**

❖ 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**

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#### ○ **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. **Narcotic prescriptions are not refilled.**
  - Extra strength Tylenol may be used for mild pain.

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- **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**
  - You may drive when able if you are not taking narcotic medication.

#### ❖ ACTIVITIES

- **Range-of-Motion** – Move your knee through range of motion as tolerated. This may be done while sitting or lying down.
- **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.
- **Weightbearing** – You are allowed to put all of your weight on your operative leg. Do this within the limits of pain. Two crutches may be used as needed and may be discontinued when comfortable.
- **Brace**- We advise wearing a knee immobilizer for the first 1-2 weeks post op. May be removed for non weightbearing activities.
- **Physical Therapy** – PT is usually started a week 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.
  - In some circumstances, you may be required to begin physical therapy 1-2 days post op. In these cases, you will be informed by Dr. Forsythe and given a prescription for PT.
- **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.

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

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❖ 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.

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❖ 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.

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❖ 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:  
Subchondroplasty/Meniscus Debridement/Chondroplasty/Synovectomy**

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

❖ **INTRODUCTION**

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The intent of this protocol is to provide the therapist with guidelines of the post-operative rehabilitation course after an arthroscopic meniscectomy, chondroplasty, and/or synovectomy. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.

**PHASE I (0-2 weeks)**

Goals

- Control inflammation and pain
- Achieve full ROM
- Regain quadriceps control
- Full weight-bearing

Brace

- Immobilizer for weightbearing activity and sleeping
- Crushed ice in plastic bag or Cryocuff 3 times per day for 20 minutes and ice after every therapy session

Weight-Bearing Status

- Weight-bearing as tolerated with crutches as needed for 1-5 days until normal gait is re-established

Therapeutic Exercises

- Straight leg raises in all planes
- Heel slides, calf pumps, quadriceps sets
- Electrical stimulation as needed to control edema and regain quad tone
- Wall slides
- Patellar mobilization
- Balancing activities on a stable platform with eyes open and closed
- Quad, hamstring, gastroc, ITB stretching

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- Stationary bike with low resistance and high seat
- Toe raise

### **PHASE II (2- 6 weeks)**

#### Criteria

- Good quad set, SLR without extension lag
- Full AROM

#### Goals

- Maintain full active ROM
- Progress with strengthening and endurance
- Gradual return to functional activities

#### Brace/Weight-bearing status

- Full weight-bearing, no crutches or brace
- Use Cryocuff or ice after therapy

#### Therapeutic Exercises

- Mini-squats (0-45 degrees)
- Stationary Bike (high seat, low tension)
- Closed chain extension (leg press:0-60 degrees)
- Hamstring curls
- Pool walking/jogging
- Stair climbing (up/down, forward. backwards), StairMaster
- Elliptical trainer, cross-country skiing
- Begin jogging
- *Plyometrics*
  - Stair jogging
  - Box jumps at 6 and 12 inch heights
- Proprioception
  - Mini-tramp standing and bouncing
  - Unstable platform (BAPS) with eyes open and closed
  - Ball throwing and catching from stable surface, then advance to unstable surface

### **PHASE III (6 weeks +)**

#### Criteria

- Normal gait
- Full, painless range of motion

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Goals

- Progress with strength, power, and proprioception
- Return to full activities by 4-8 weeks depending on progress
- Progress with functional and sports-specific training

Therapeutic Exercise

- Continue with ROM and strengthening exercises as above
- May progress with strengthening as tolerated
- Sports specific drills

Criteria for Return to Sports

- Full, painless range of motion
- 90% hamstring and quadriceps strength of contralateral side
- No effusion