**KNEE ARTHROSCOPY WITH MENISCAL ROOT REPAIR OR REPAIR OF RADIAL TEARS**

**POST-OP INSTRUCTIONS AND REHAB PROTOCOL**

This protocol has been developed for the patient following repair of the **meniscal root** tears and repair of complete radial tears of the meniscus**.** This meniscus is made of fibroelastic cartilage and functions as the “shock absorber” of the knee to protect the knee cartilage. The meniscal root is the “anchor” of the meniscus and tears of the meniscal root can potentially lead to significant knee damage. Without the meniscal root attachment, the contact area in the knee has the potential to decrease between 40-70%, while contact stress may increase between 100-300%. The same is true of radial tears. Due to the healing and biomechanics of these type of tears they unique special rehabilitation considerations.

**For Patients at a glance**

-The first 48 hours after surgery should generally be spent resting and recovering. Elevate your operative leg above your heart level as much as possible for the first couple days to help control pain and swelling

-Use the prescribed ice machine or ice bags 30 minutes every couple hours to control pain/swelling

-**Take 1 tablet (325 mg) of aspirin per day**, starting the day after surgery and continuing **for 2 weeks**. This is done to decrease the risk of blood clots. If there is personal history of blood clots or if there is any known condition that makes you more susceptible to blood clots please let Dr. Hazelwood know.

- If you had a **nerve block at the time of surgery, it usually wears off 12-24 hrs post-operatively**. It is normal to have some numbness in the leg the first few days after surgery as a result. **The first night after surgery take pain medication before going to bed as the nerve block will often wear off during the night.**

-Take the pain medication as prescribed. You make supplement your pain medication with over the counter Tylenol and Ibuprofen. Please make sure you are not exceeding recommended doses (4 gm of Tylenol per 24 hour).

-Dressing may be removed 3 days after surgery, but keep the steri-strips in place. Try to keep the wound as dry as possible until follow-up.

-It is ok to shower after surgery, but keep the dressings and incision wrapped with saran wrap or something similar. When in the shower, do not scrub or soak the incisions. Just let

soap/water run over the knee and pat dry. Do not submerge incisions in bath or pool until fully healed (3-4 weeks).

-**Physical therapy** should begin within 7-10 weeks following surgery.

-You will be **non-weight bearing** with crutches for the first 4 weeks. From post op weeks 4-6 you will be partial weight bearing with crutches. After post op week 6, you will advance weight bearing as tolerated and wean off the crutches.

-Use the brace at all times except showering and doing your physical therapy exercises for the first 6 weeks. The range of motion on your brace should be set from 0-90 degrees for the first 6 weeks.

-**Return to driving**: There is no conclusive data to guide the exact time when it is safe to return to driving. You cannot drive while still on narcotic pain medications. In general, there should be adequate range of motion of the knee, minimal pain/swelling, and enough strength in the leg to allow you to quickly brake if needed.

-**Stairs:** When going up stairs, lead with non-surgical side, when going down stairs lead with crutches and surgical side.

**I. Rehabilitation Protocol 0-2 Weeks Post-Op**

* 1. **Brace:** Use Hinged Knee Brace at all times except showers/PT. Crutches for walking. Use at nighttime.
	2. **Weight Bearing: Non-Weight Bearing to operative leg** (your toes can touch the floor to help with balance, but you should not put any additional weight on the leg).
	3. **Range of Motion:** When sitting down brace may be unlocked and set to 0-90 degrees of knee flexion

 i. Work on bending the knee up to 90 degrees in brace while sitting or lying down

* 1. Start isometric Quad Sets in full extension

 i. SLR w/knee locked in extension

 ii. Quad Sets

* 1. Additional Exercises: heel slides, ankle pumps, SLR (in brace), patellar mobilizations

**II. Rehab Protocol 2-4 Weeks Post-Op**

 a. **Brace:** continue brace use. Continued emphasis on repair protection.

 b. **Weight Bearing:** Non-Weight Bearing on operative leg

c. **Range of motion: 0-90 degrees**

d. Continue Isometric quad sets, heel slides, SLR in brace, patellar mobilization

e. Quad Recruitment, aquatic therapy ok, emphasize full extension if lag present

**IV.** **Rehab Protocol 4-6 Weeks Post-Op**

a. **Brace**: Continue to use brace for ambulation, brace set 0-90 degrees for ambulation

b. **Weight Bearing**: Transition to partial (50% weight bearing). Your therapist will help you with this. Continue to use crutches for extended ambulation

c. **Range of motion:** Advance active/passive motion in therapy 0-120 degrees

d. **Start closed chain kinetic exercises**

e. Stationary bike training, Leg press no more than 25% BW, Low weight leg extension

**V.** **Rehab Protocol 6-12 Weeks Post-Op**

a. Wean out of brace and off crutches at 6 weeks. **Weight bearing as tolerated, Normalize gait mechanics**

b. No restrictions on range of motion: **GOAL**: **Achieve full range of motion by 8 weeks.**

c. Begin to increase strengthening and resistance if ROM and Gait goals are met

d. **Restrictions:** no cutting/pivoting, jogging

e. Proprioception with single leg stance, neuromuscular training and isokinetics, Progress PRE open/closed chain as tolerated

f. Treadmill forward/retro walking, elliptical, continue stationary bike

g. **Plyometrics** incorporate at 10 weeks

**VI.** **Rehab Protocol 12-16 weeks**

a. Full range of motion, promote normal gait mechanics

 b. Initiate sport specific exercises

 c. Begin jogging program if full range of motion, minimal swelling, good quad control and pain free use of cardio equipment.

 d. Introduce cutting/pivoting exercises 14-16 weeks

**VII. 16+ weeks progression to return to sport and normal activity**

 a. Progress jogging/full speed running

 b. **Sport/Activity Return:** improve multidirectional control, dynamic movements. Improve landing mechanics, add in sport specific exercises based on patients desired sport. If cutting sport focus on rapid acceleration/deceleration activities. Change of direction activity