

# Warren Matthee

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**ORTHOPAEDIC SURGEON**

Pr. No: 0444340

## Physiotherapy Protocol – Knee Arthroscopy:

### **Meniscal Debridement (Meniscectomy) / Microfracture**

**\*\*\* Postoperative physiotherapy will not be included in the hospital fee \*\*\***

**This will be required to be submitted to your medical aid or paid separately**

#### **Recommendations following your surgery:**

	<b>Debridement (Meniscectomy)</b>	<b>Microfracture</b>
<b>Weightbearing and crutches</b>	Full weight bearing as comfort allows	<b>Touch</b> weight bearing with crutches for 6 weeks
<b>Brace</b>	No	No
<b>Range of Movement</b>	Full range of movement	Full range of movement <b>Frequent flexion and extension encouraged</b>

- **Crutches:** These are needed if you are required to be touch weight bearing (Microfracture).
- **Dressings:** You may remove the wool and bandages around your knee 48 hours after the surgery but do not remove the dressings (plasters).
- **Driving:** No driving for 24 hours after an anaesthetic. If your RIGHT knee was operated, driving is not recommended for 4 weeks. If your LEFT knee was operated you may drive after your first post-operative visit at around two weeks, or sooner providing you are not requiring any pain medication.

Indications that you can drive are: Minimal pain (**you should not be on any painkillers**); Able to get in and out of car on your own without assistance; Only using one crutch; No brace

- **Follow-up:** Please discuss the need for further post-operative physiotherapy with Dr Matthee at your first follow-up appointment.
- **Ice packs:** Ice is an effective analgesic. It can be used over the knee to help with pain and local inflammation. Can be used 3 – 5 x per day, in a thin towel for 15 minutes at a time. Do not apply for long periods or directly to the skin.
- **Medication:** Take **pain medication** as prescribed. This will minimize protective muscle spasm and allow for a speedy return to activities of daily living and facilitate rehabilitation. You may have to

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take **blood thinning medication** on discharge. This will be prescribed for you if it is necessary. It is important to take these to reduce the risk of blood clots after your surgery.

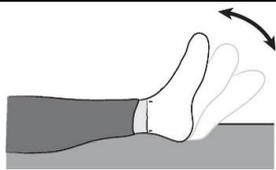
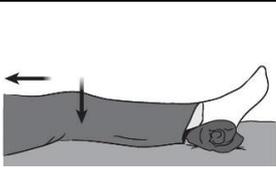
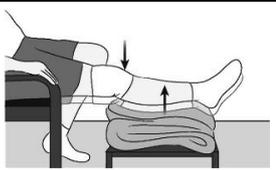
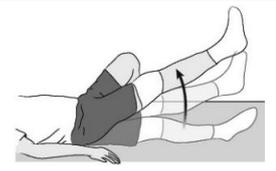
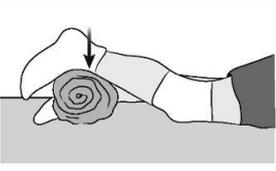
- **Rest and elevation**: Rest as much as possible for the first 3 days. Activity will cause the knee to swell, which can cause discomfort, stiffness and delay recovery. Make sure the leg is elevated and straight at rest to avoid swelling by placing a pillow under the knee and lower leg. In the first two weeks you should not let your leg hang down for more than 20 minutes.
- **Swelling**: If your calf becomes swollen or painful or your knee becomes hot or red, despite having elevated your leg overnight, contact Dr Matthee's rooms as soon as possible. If you become short of breath please go immediately to the casualty department.
- **TED Stockings**: Above-knee TED (Thrombo-embolic Deterrent) stockings are worn to lower the risk of developing a blood clot, and as a compression garment for swelling. If you are under 40 years, you may wear the stocking on the operated leg only. If you are 40 or older, you should wear both stockings. The stockings are to be worn continuously for the first two weeks. They should be removed when washing.
- **Washing**: Although they are waterproof, **the dressings / plasters should not be soaked**. Keep the operated area dry when washing. It can be useful to wrap cling film over the dressings during showering.
- **Weight bearing**: This is usually restricted if a microfracture was performed. The goal is to protect the microfracture site by not putting weight on the leg.
- **Work**: You may return to work as soon as you feel comfortable. If possible, try to arrange to start on light duties.

**Home Exercise Program: Perform 2-3 X per day**

**\*\*\* Precautions \*\*\***

**DO NOT force a stretch**

**Do your exercises in a pain-free range of movement**

<b>Foot Pumps</b>	<b>Quadriceps Setting</b>	<b>Knee to Chest (30°)</b>	<b>Passive Knee Extension</b>
Move your feet up and down at the ankles	Place small towel under heel and tighten the thigh muscles, aim for straight knee, hold for 5 – 10 seconds and relax	Place your hands under the operated knee, gently bend your knee by pulling it toward your chest	Rest your heel on a pillow or on a chair and allow your knee to gently straighten into extension
20 repetitions	20 repetitions	5 repetitions	10 minutes
			
<b>Calf Stretch</b>	<b>Straight Leg Raise</b>	<b>Assisted Knee Bend</b>	<b>VMO Prone</b>
Use a towel to stretch calf. Push knee down and lift heel, hold for 30 seconds	Keeping your knee straight, tense your thigh muscles, lift your foot off the floor/bed, hold for 5 - 10 seconds and relax	While sitting, put the heel of your good foot on the operated foot and bend the knee, hold 5 – 10 seconds	Lie on stomach with rolled towel under ankle, push ankle down and straighten your knee, hold for 5-10 seconds
3 repetitions	10 minutes	10 repetitions	10 repetitions
			

### Walking with Crutches

A physiotherapist or orthotist will measure and provide you with a pair of crutches if these are necessary and show you how to use them.

<b>Standing and Sitting</b>	When standing up and sitting down, make sure you take your arms out of the crutches and hold them in one hand. This will help to avoid any shoulder injuries.
<b>Non Weight Bearing</b>	If you are advised that you are not allowed to put any weight through your injured leg (non-weight bearing), place your crutches forwards together. Now lean through your arms as you walk your uninjured leg up to the same level as the crutches. The foot on your injured leg must stay off the floor at all times when walking.
<b>Touch Weight Bearing</b>	This is similar to non weight bearing. You may rest your operated leg lightly on the floor, but do not put more than 10% of your weight on the leg.
<b>Partial Weight Bearing</b>	You may put about 50% of your weight on the operated leg.
<b>Full Weight Bearing</b>	You may put your full body weight on the operated leg.
<b>Stairs</b>	When climbing stairs, try to use a banister or rail in one hand and a crutch in the other (you can also carry the extra crutch in this hand): GOING UP: Good leg, bad leg, crutch, GOING DOWN: Crutch, bad leg, good leg. <b>Up with the good; down with the bad.</b>