

Warren Matthee

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ORTHOPAEDIC SURGEON

Pr. No: 0444340

Physiotherapy Protocol – Knee Arthroscopy:

ACL Reconstruction / MPFL Reconstruction / Meniscal Repair

*** 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:

	ACL	MPFL	Meniscus Repair
Weightbearing and crutches	Full weight bearing as comfort allows. Crutches 4 weeks	Partial weight bearing for 4 weeks	Touch weight bearing with crutches for 6 weeks
Brace	4 weeks	4 weeks	6 weeks
Range of Movement	Full range of movement	Full range of movement	0 - 90°
*** If a meniscus repair / microfracture was performed in addition to an ACL or MPFL reconstruction, follow the meniscus repair protocol ***			

- **Brace:** If necessary, a brace is used for support and to control your range of movement. You will receive instructions on how to wear your brace and assistance with fitting. The brace must be worn at all times for the first two weeks (including sleeping). While sleeping the brace should be locked in the fully extended (straight) position. The brace may be removed when you are washing.
- **Crutches:** Crutches are usually necessary for at least the first four weeks, even if you are allowed to be fully weight-bearing on the operated leg.
- **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. You should **NOT** drive if you are wearing a brace. If your RIGHT knee was operated, driving is not recommended for 4 weeks. If your LEFT

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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

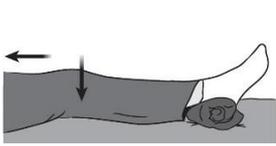
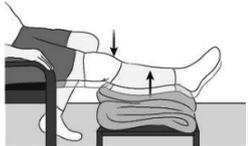
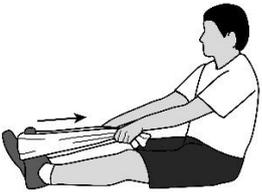
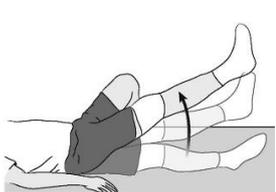
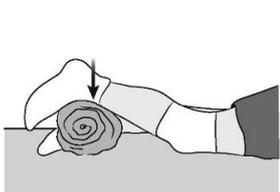
- **Follow-up:** Please discuss the need for further post-operative physiotherapy with Dr Matthee at your first follow-up appointment.
- **Ice packs:** Ice is an effective analgesic. It can be used over the knee to help with pain and local inflammation. Can be used 3 – 5 x per day, in a thin towel for 15 minutes at a time. Do not apply for long periods or directly to the skin.
- **Medication:** Take **pain medication** as prescribed. This will minimise protective muscle spasm and allow for a speedy return to activities of daily living and facilitate rehabilitation. You may have to 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. **DO NOT** place a pillow under knee alone, as this causes it to remain in a flexed (bent) position. 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 or a meniscal repair with sutures was performed in addition to the ACL or MPFL. The goal is to protect the repair or microfracture site by not putting weight on the leg.
- **Work:** You may return to work as soon as you feel comfortable, and if you can manage with the brace and crutches. 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

Foot Pumps	Quadriceps Setting	Knee to Chest (30°)	Passive Knee Extension
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
			
Calf Stretch	Straight Leg Raise	Assisted Knee Bend	VMO Prone
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

The main goal in the first two weeks after surgery is to get you mobile and be able to **achieve and maintain full knee extension**. A physiotherapist or orthotist will measure and provide you with a pair of crutches and show you how to use them.

Standing and Sitting	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.
Non Weight Bearing	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.
Touch Weight Bearing	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.
Partial Weight Bearing	You may put about 50% of your weight on the operated leg.
Full Weight Bearing	You may put your full body weight on the operated leg.
Stairs	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. Up with the good; down with the bad.