



ARNOLD & COX KNEE AND SHOULDER CENTER
ARTHROSCOPIC KNEE SURGERY
REHABILITATION PROTOCOL
Dr. Christopher A. Arnold

This protocol is a guideline for your rehabilitation after arthroscopic surgery. Your own rehab may vary in your ability to do these exercises and to progress from one phase to another. Please call Dr. Arnold's office if you are having a problem or for any clarifications of these instructions.

PHASE I – The first week following surgery

Goals:

1. Protect the knee from overstress
2. Ensure wound healing
3. Prevent loss of motion
4. Decrease knee and leg swelling
5. Promote quadriceps muscle strength
6. Avoid blood pooling in the leg veins

Activities:

1. WEIGHT BEARING – You may bear weight on your leg as long as you feel comfortable, unless Dr. Arnold instructs you not to. In some cases, crutches are necessary for a period of time if walking is uncomfortable.
2. COLD APPLICATION – You should use ice following your surgery for a minimum of 20 minutes for each waking hour to decrease the swelling. You may use ice more, if needed, to cool the knee area.
3. BANDAGES – Remove your bandages on the second morning after surgery, but leave the small pieces of white tape (steri strips) across the incision (In time these will fall off on their own). You can wrap an elastic bandage (ace wrap) around your knee or use a neoprene sleeve to help control swelling. You may shower and get you incision wet after the incision sites have scabbed over, but Do Not soak the incision in a bathtub or Jacuzzi until the incisions are completely healed with no scab visible.
4. ASPIRIN – Take one regular strength aspirin (325 mg) every day for a minimum of seven days unless instructed not to. You should also wear your elastic stockings (TED hose) on *both* legs until you are up and around more than you are down at rest.



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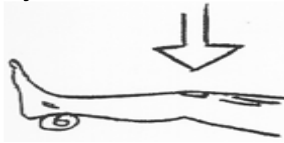
Dr. Christopher A. Arnold

(PHASE I – CONTINUED)

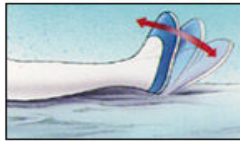
Exercise Program

These exercises should be done starting on the second day following surgery, As You Can Tolerate Them. Work on keeping your knee straight. These exercises will assist in these efforts:

1. QUAD SETTING (to maintain muscle tone in the thigh muscle and straighten the knee) – Sit in a chair or lie on you back with the knee extended fully. Tighten and hold the front thigh muscle making the knee flat and straight. The kneecap should slide slightly upward toward your thigh muscle. Hold each contraction for 5 seconds. Do 20 repetitions three times a day.



2. ANKLE PUMPS (to stimulate circulation in the leg) – Flex and extend your ankle 10 times each hour.



3. PRONE HANG (to straighten the knee) – Lie face down on your bed so that the kneecap is just off the edge of the mattress. Let your leg drop down toward the floor so that your knee straightens fully. Over time, if the knee will not straighten fully you may attach a small weight to your heel (2-3 lbs for women, 3-5 lbs for men). Try to hold this position for 5 minutes, three times a day.



4. SITTING HEEL SLIDE (to regain flexion of the knee) – When sitting in a chair, slide the heel backwards as if trying to get the foot underneath the chair. Hold for 5 seconds and slowly relieve the stretch by sliding the foot forward. You can help with the opposite foot if necessary. Repeat 20 times, three times a day.



You should return to see Dr. Arnold's office days following your surgery. At this visit you would be inspected and your progress will be checked. You will begin to see the physical therapist for exercise instruction. If you have any questions or problems, call Dr. Arnold's office at 479-966-4197.



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Phase II – 2 to 6 weeks following surgery

Goals:

1. Protect the knee from overstress and allow healing
2. Regain Full Motion
3. Decrease knee and leg swelling
4. Normal gait without crutches

Activities:

1. COLD APPLICATION – continue to use ice while resting or after any activities to reduce swelling or pain. Do NOT place the ice directly against the skin. You can use ice as often as you like.
2. CRUTCHES – begin placing all of your weight on you operative leg when you walk. Discontinue your crutches when you are comfortable doing so. If you need to continue to use your crutches when walking outside the home until you are confident that you can walk safely without them. Concentrate on walking normally, in a heel-strike to toe-off pattern, without a limp.
3. SWELLING – Continue to use elastic stockings for the lower legs. You may wrap the knee with an ACE bandage to assist with controlling swelling. If you can tolerate anti-inflammatory medications then taking an over the counter anti-inflammatory (Ibuprofen, Aleve, Advil) can be helpful in assisting with swelling and discomfort.

Exercise Program – continue doing all the exercises from Phase I. You should add the following exercises (unless instructed by Dr. Arnold or your physical therapist). These exercises should be done with the brace off.

1. SITTING HEEL SLIDE (to regain flexion of the knee) – When sitting in a chair, slide the heel backwards as if trying to get the foot underneath the chair. Hold for 5 seconds and slowly relieve the stretch by sliding the foot forward. You can help with the opposite foot if necessary. Repeat 20 times, three times a day.
2. QUAD SETTING (to maintain muscle tone in the thigh muscle and straighten the knee) – Sit in a chair or lie on you back with the knee extended fully. Tighten and hold the front thigh muscle making the knee flat and straight. The kneecap should slide slightly upward toward your thigh muscle. Hold each contraction for 5 seconds. Do 20 repetitions three times a day.
3. STATIONARY BICYCLE - Utilize a stationary bicycle to move the knee joint and increase knee flexion. If you cannot pedal all the way around, then keep the foot of your operated leg on the pedal and pedal back and forth until your knee will bend far enough to allow a full cycle. Begin with no resistance for up to 10 minutes 2 to 3 times a day. Set the seat height so that when you are sitting on the bicycle seat, your knee is fully extended with the heel resting on the pedal in the full bottom position. You should then actually ride the bicycle with your forefoot resting on the pedal.



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(Phase II continued.)

4. STANDING TOE RAISES – Stand facing a wall, hands on the wall for support and balance. Keep the knees extended fully. Tighten the quadriceps to hold the knee fully straight. Raise on your “tip-toes” while maintain the knees in full extension. Hold for one second then lower slowly to the starting position.
5. SHORT ARC QUAD LIFTS – With the knee bent over a rolled up towel or a 3-liter bottle of coke, lift the foot so that the knee fully straightens. Hold the knee locked in extension for 5 seconds, and then slowly lower. Repeat 20 times.



6. QUADRICEPS STRETCH – You may do this stretch one of two ways. If you feel comfortable stand with something to support you (i.e. wall, chair, etc), bring your heel to your buttock until you feel a gentle stretch in the affected leg. The other variation is to sit with your leg bent underneath you. Lean back, bring your buttock to your heel. Hold either stretch for 15 to 20 seconds. Repeat 3 to 5 times.
7. HAMSTRING STRETCH – Bend slowly forward at the hips keeping the knee fully straight until you feel a *gentle* stretch in the back of your thigh and knee. Do Not bounce. Hold the stretch for 15 to 20 seconds and repeat 3 to 5 times.

You may progress with your activities as your pain allows you to. If you develop an increase in discomfort then discontinue the activities that are causing the discomfort. As your knee tolerates you may resume normal day-to-day activities including work activities. You should return to see Dr. Arnold as instructed or as needed. If you have questions or problems you may call the office at 479-966-4197.