Orthopaedics SA
BONE & JOINT SPECIALISTS

Dr George Awwad
MBBS., FRACS (Orth), FAOth.A
T (08) 8267 8243 / F (08) 8267 2007
E awwadadmin@orthosa.com.au
W www.drgeorgeawwad.com.au

Sports Injury and Joint Replacement Surgery for the Hip and Knee

RADIAL MENISCAL TEAR REPAIR REHABILITATION PROTOCOL

General Guidelines

- Mensical repairs are usually performed on day-only basis or 1 night in-patient stay
- Supervised physical therapy commences immediately post-operatively. Patients should see their physical therapist as soon as practically possible. Supervised therapy continues for up to 6 months
- Dr Awwad may alter time frames when indicated

White compression stockings

You may stop wearing the white compression stockings after 24-48 hours . This compression stocking helps prevent a blood clot from forming in your legs. Once you are walking frequently you will no longer need the stocking . If you develop lower leg swelling, tenderness, and/or redness, please contact Dr Awwad's office or the hospital.

Dressings

The bulky encircling dressings (crepe bandage, velband and pads) may be removed the day after surgery. The small adhesive dressings should be left intact. To shower, cover the surgical knee and dressings with plastic cling wrap. Prior to discharge from hospital, an appointment will be made to see a nurse for a dressing change and wound check between 1-2 weeks post-operatively.

Ice and Elevation

The leg should be intermittently elevated and an ice pack used for 72 hours post-operatively to assist with swelling and pain. Ice packs should be applied for 20-30mins/hr. After 72 hrs, ice packs are no longer required, although can be safely continued and their use is very helpful for pain and swelling.

Pain Medications

The anaesthetist will individualise and organise the appropriate pain relief for patients. Commonly required medication are panadeine forte, tramadol, palexia and endone.

The routine use of anti-inflammatories is not recommended post-operatively, unless directed by Dr Awwad.

General Progression of Activities of Daily Living

- Driving
  - » Left leg surgery 1 week for automatic cars, 2-4 weeks for manual cars
  - » Right leg surgery 2-4 weeks
- Return to work as directed by Dr Awwad based on work demands.

Precautions

Patients should contact Dr Awwad's office or the hospital the operation was performed in, if they develop high temperatures, worsening skin redness, worsening calf, knee or thigh pain and swelling and excessive bleeding or ooze from the incision sites.

Phase I: Immediately Post-Operatively to week 4

Goals:

- Protect meniscal repair
- Minimise effects of immobilisation
- Control inflammation/swelling
- Restore leg control

Weight-bearing Status:

- Touch weight-bearing immediately post-op with crutches

Bracing

- Locked in extension for all weight bearing activities for 4 weeks
- Brace on in bed
- May remove for showering. Suggest using a shower chair to avoid weight bearing in knee flexion
- May remove for non weight bearing range of motion exercises after instruction by physical therapist

Range of Motion

- 0-90°, non weight bearing.
- Exercises:
- Patellar mobilisation/scar mobilisation
- Heel slides
- Isometric Quad contractions (consider NMES for poor quad

control)
- Prone assisted knee flexion
- Gastroc/Soleus, Hamstring stretches
- Gastroc/Soleus strengthening
- Quadriceps isometrics at 60° and 90°

Phase II: Post-operative weeks 4-12:

Criteria for advancement to Phase II:

- Full extension
- Good quad control, SLR without extension lag
- Minimum of 90° of flexion
- Minimal swelling/inflammation

Goals:

- Restore normal gait with stair climbing
- Maintain full extension, progress toward 120° flexion
- Protect meniscal repair.
- Increase hip, quadriceps, hamstring and calf strength
- Increase proprioception

Weight bearing

- Partial weight bearing 4-6 weeks
- Full weight bearing at 6 weeks

Brace

- 0-40° from week 4-6.
- Brace may be removed at 6 weeks.

Range of Motion

- 0-120°. No hyper-flexion or hyper-extension

Exercises:

- Quads strengthening with closed chain exercises between 0-60°
- Continue closed kinetic chain strengthening can include one-leg squats, leg press, step ups at increased height, partial lunges, wall sits.
- Stairmaster (begin with short steps, avoid hyperextension)
- Elliptical machine for conditioning.
- Stationary biking- progress time and resistance as tolerated; progress to single leg biking
- Continue to progress proprioceptive activities – ball toss, balance beam, minitramp balance
- Continue hamstring, gastroc/soleus stretches
- Continue to progress hip, hamstring and calf strengthening
- If available, begin running in the pool (waist deep).

Phase III: Post-Operative weeks 12 onwards

Criteria to advance to Phase III include:

- No patellofemoral pain
- Normal gait
- Minimum of 120° of flexion
- Sufficient strength and proprioception to initiate running.
- Minimal swelling/inflammation

Goals:

- Improve strength, endurance and proprioception of the lower extremity to prepare for sport activities
- Protect the patellofemoral joint
- Normal running mechanics
- Full range of motion

Exercises:

- Continue flexibility and ROM exercises as appropriate for patient
- Full weight-bearing jogging at 12 weeks.
- Begin swimming if desired
- Progressive hip, quadriceps, hamstring, calf strengthening
- Cardiovascular/endurance training via Stairmaster, elliptical, bike
- Advance proprioceptive activities
- Strength and control drills related to sport specific movements

Return to Sport

- Dynamic neuromuscular control with multilane activities without pain or swelling

Do you still have a question about your recovery that has not been answered within this document?

Please contact Dr Awwad's office prior to your surgical date at: awwadadmin@orthosa.com.au

Sometimes we may miss a question that is important to you. If so, please feel free to email us your feedback so that we can improve our service to you and future patients – awwadadmin@orthosa.com.au

Dr George Awwad
MBBS, FRACS (ORTH), FA ORTH A
Orthopaedic Surgeon

APPOINTMENTS AND ENQUIRIES
P 08 8267 8243 E awwadadmin@orthosa.com.au
W www.drgeorgeawwad.com.au

Ask Dr Awwad to clarify your restrictions prior to surgery to avoid disappointment.