

Knee Arthroscopy Instruction Sheet

Dr. Solberg's Office Number is **213-455-8448**.

This information should be useful after your knee surgery. Please read this information carefully. You will receive further instructions at your next visit.

GENERAL EXPECTATIONS

Expect your knee to be quite stiff for the first few days. Stay off the affected leg as much as possible for the first 48 hours

Keep your leg elevated as much as possible for the first week after surgery

Apply ice to the knee for the first 24 hours after surgery. Wrap the ice in two bags to avoid getting the bandage wet.

You should expect some swelling in the foot on the affected side, this is perfectly normal.

PAIN CONTROL AND MEDICATIONS

Many patients have a block or regional anesthetic for pain control after surgery. This produces numbness in the involved leg and is very good at

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relieving pain after surgery. The block often lasts 12-24 hours before it wears off, which can occur fairly quickly. The first sign the block is wearing off is tingling in your toes, the same type of feeling you have when you lay on your hand and it "falls asleep". It is very important to have pain medication in your system when the block is wearing off to avoid having excessive pain. I recommend you take an extra dose of the pain medication as soon as you feel tingling in your foot or toes.

Take your pain medication as directed by your prescription. Do not wait until the pain is intolerable to take the medication. It will take between 30-60 minutes to begin working, so take it accordingly. In addition to your prescription, recommend combining it with either Advil or Aleve for an additive or synergistic effect (the effect of the two medications together is more than the effect of the individual medications). Over the counter Advil or Aleve work as well as prescription ibuprofen or naproxen (the generic form) and can be safely taken with your prescription. For Ibuprofen (Advil or Motrin) take 3 tablets (600 mg) every 8 hours as needed and for Naproxen (Aleve) take two tablets (440 mg) every 12 hours. Do not take both ibuprofen and naproxen, rather choose one or the other. Make sure you take these medications with food to avoid stomach upset

WOUND CARE AND BATHING

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Take the bandage off after 3 days. The incisions may continue to ooze a small amount. Leave the tape strips on the wounds. Don't pick or pull at the tape strips, this can irritate the skin and cause infection.

You may take a shower after 3 days. It's Ok to get the incisions wet, you can wash them with regular soap and water. Pat them dry with a towel after you shower. Don't soak your leg underwater as this can cause the skin around the incisions to swell and can cause infection. Don't swim in a pool for at least 2-3 weeks.

Begin to gently bend and straighten the knee as tolerated after surgery. Your motion should improve a little bit every day. You should be able to fully straighten the knee and bend to about 90 degrees (roughly a right angle) by the time of your first office visit after surgery

Start doing straight leg lifts after 2 days. Start by sitting or lying on the floor, tightening your leg muscles and straightening your leg. Lift your leg about 6 inches off the floor and hold it for 3 seconds. Slowly lower your leg back down. Do this 20-30 times in the morning and evening. This will keep your thigh muscles from shutting down after surgery.

The following is a general protocol that I recommend to patients after knee arthroscopy. It

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gives a step by step protocol for each phase of recovery

PHASE 1 First 7-10 days:

I don't typically start any formal physical therapy before the first postoperative office visit. During this time I want you working on decreasing the inflammation by icing the knee at least 3 times per day for 15 minutes. I also want you backing off on your activity level as much as possible to help let knee inflammation settle down. If you start too much activity too soon, therapy or otherwise, you're just going to make the knee angry and hurt more.

Controlling this initial postop inflammation also improves wound healing. I'll see you back in the office 7-10 days postop for your initial postop visit.

PHASE 2 Week 2-6:

We'll start physical therapy.

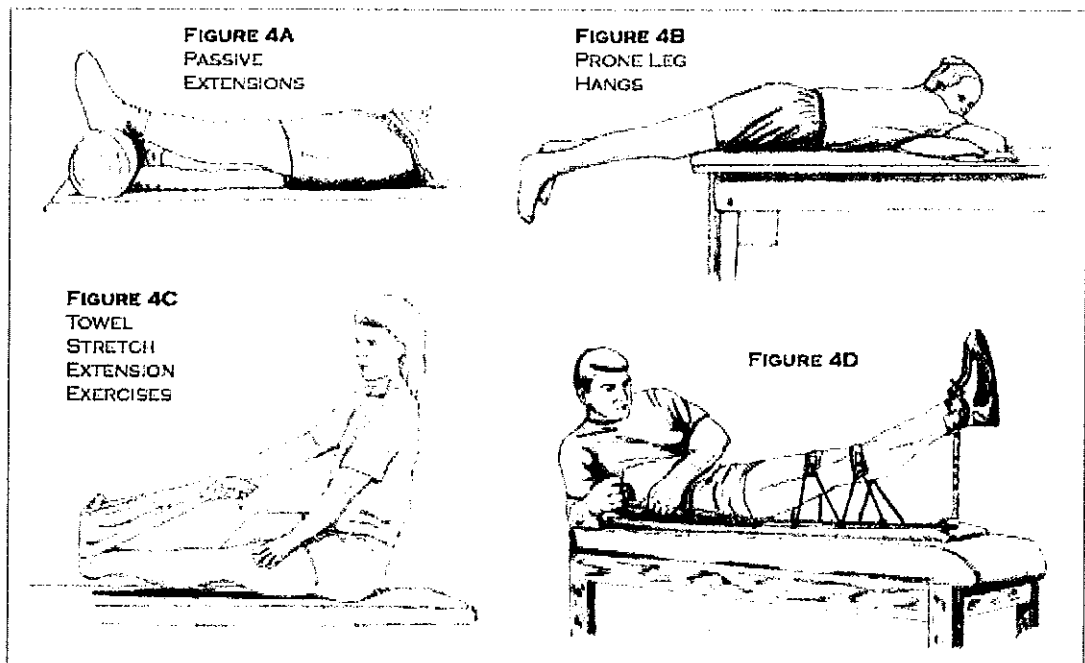
1. **Quadriceps muscle exercises** – Early quad work – (quad sets, straight leg raises, electrical stim.) Advance to closed chain kinetic quad strengthening as tolerated (leg presses, squats, wall squats or equivalent)
2. **Regain Range of Motion** - Complete extension important for appropriate ambulation (prone hangs). Flexion will improve as swelling goes down (sit forward in chair with feet planted on ground).
3. **Hamstring stretching**
4. **Anti-inflammatory modalities** (ice, cryotherapy)

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5. **Gait training** with ambulatory aids as needed (weight-bearing as tolerated unless otherwise instructed)
6. Ankle pumps / toe raises
7. Stationary bike when 110 degrees of flexion reached
8. Balance training advancing to sport specific activities as tolerated (plyometrics, cutting / agility program, throwing program, running program)



I try to avoid open chain kinetic quad strengthening (leg extensions) and active hamstring curls whenever possible. Also avoid Stairmaster, step aerobics, and lunges. These activities can increase leg function but can stimulate patello-femoral syndrome.

PHASE 3 Week 6 +:

Transition to a home program and return to specific sport.

1. Take your supervised rehab activities and start doing them on your own. It is important to understand that full rehabilitation

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is an ongoing process and needs to be continued far beyond the limits of supervised physical therapy.

2. Get access to a gym if possible. I recommend for the first 6 months at least. Some PT places give gym memberships.
3. If you can't get access to a gym, your physical therapist can often show you things you can do at home with minimal equipment.

Call Dr. Solberg's Office if you notice any of the following symptoms. You may be connected with an associate if you are calling in the evening hours. Have your discharge orders and description of your procedure available.

Temperature over 101° Fahrenheit

Numbness in the foot

Increasing, severe pain in the knee

Increasing redness around the incisions

You have been prescribed pain medication which has a number of side effects. Most common are drowsiness, nausea and or vomiting, itching, constipation and irritability. If these are prolonged or severe, your pain medication may need to be changed. You must contact our office during business hours to have a new prescription written or a prescription refilled. After hours (after 5:00 pm or weekends), the on call doctor will not give you a refill or a new pain medication prescription.

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