

Physiotherapy following Knee Arthroscopy



**ST VINCENT'S
PRIVATE HOSPITAL**
NORTHSIDE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

This information is a general guide only.

Instructions and specific exercises may vary depending on your specific surgery and situation. Your surgeon or physiotherapist will inform you of any further instructions or limitations.

Please ask if there is anything you are unsure about.

Your physiotherapist: _____

Phone: 07 **3326 3000** Pager no. **0104**

Alternative contact: _____



Please contact your nurse if you require an interpreter.

Physiotherapy following Knee Arthroscopy

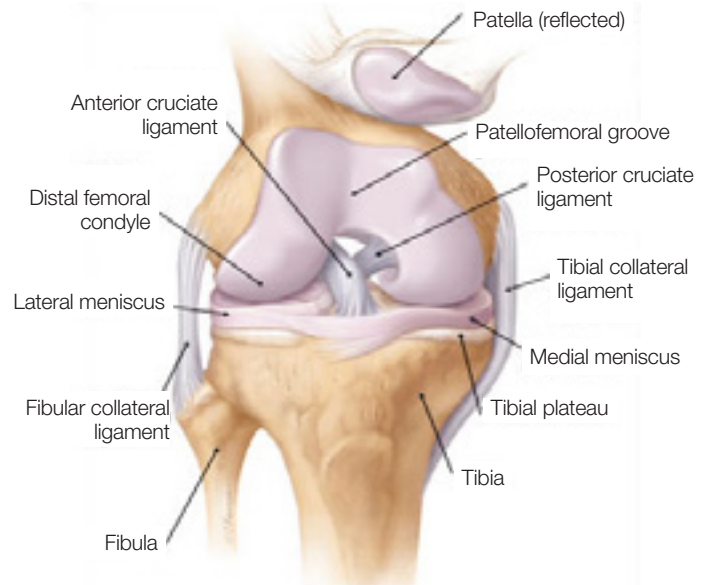
Welcome to St Vincent's Private Hospital Northside

Our Hospital's Orthopaedic Physiotherapy Team will work with you to regain normal function after your operation.

They will provide you with advice and a home exercise program to enable you to continue your rehabilitation at home.

Please take the time to read through the information in this booklet as it is relevant to your wellbeing and rehabilitation.

There is a Notes section at the back of this booklet for any questions you may wish to ask your physiotherapist.



'Knee Arthroscopic Surgery' refers to the surgical approach to your knee. Many different procedures can be performed via arthroscopic surgery.

General post-operative advice: *for your safety and care*

For the first 2-3 days

You must take care not to overdo it or aggravate the healing process in the first few days following the surgery.

These first few days should involve:

- Relatively resting (do not do much walking or spend much time on your feet).
- Keeping your leg elevated up on the bed or couch (straight out in front of you, not on pillows).
- Icing your knee for 15-20 minutes every 3-4 hours.
- Gently perform the exercises outlined in this booklet.

Recovery in the first two weeks after surgery

Following knee arthroscopic surgery the main goals in the first two weeks are to:

- minimise and control swelling
- start bending and straightening the knee
- ensure that the knee muscle control is improving.

Exercises: *immediate post-operative*

● Relaxed deep breathing

- Relax your shoulders and take a slow, deep breath in.
- Hold for three (3) seconds, and then slowly breathe out.
- After five (5) deep breaths have a strong cough.
- Repeat hourly when awake for the first two (2) days after your surgery.



● Foot and ankle pumps (*to help circulation and prevent blood clots*)

- Move your feet up and down from the ankles.
- Repeat ten (10) times every hour when awake.
- Make sure that you aren't just wiggling your toes, but that your whole foot is moving up and down.



● Basic quadriceps exercise



In splint if provided

- Pull your toes towards your head.
- Use your thigh muscles to straighten your knee.
- Hold for 3-5 seconds.
- Repeat ten (10) times every hour when awake.

● Straight leg raise



In splint if provided

- Lying flat on the bed, pull your toes up towards your head.
- Activate your quadriceps muscle by straightening your knee, and then lift the leg up into the air.
- Repeat ten (10) times, every 2-3 hours.

Exercises: *immediate post-operative* (continued)

● Straightening in standing



- Every time you stand up, straighten the knee fully by squeezing your thigh muscles and pushing your knee backwards.
- Repeat three (3) times prior to walking.

● Knee bending



- When sitting allow your knee to gently bend to a position of comfort.
- Your physiotherapist will advise if there are any specific requirements regarding knee bending.

**Do not place pillows or towel rolls under your knee to sleep.
It is important your knee rests fully straight.
Avoid twisting, kneeling or squatting for two months after your surgery.**



Will you need further physiotherapy?

Continue with the above exercises until your review with your surgeon.
Your surgeon may refer to a physiotherapist at the post-operative review, if necessary.

Safe use of crutches

Your physiotherapist will discuss crutch safety with you.

Weight-bearing status

○ FWB – Full weight-bearing

You can place all your weight normally through your operated leg.

○ WBAT – Weight-bearing as tolerated

You can place as much weight through your operated leg as pain allows. As the pain eases place more weight through your operated leg until you are fully weight-bearing.

○ PWB – Partial weight-bearing

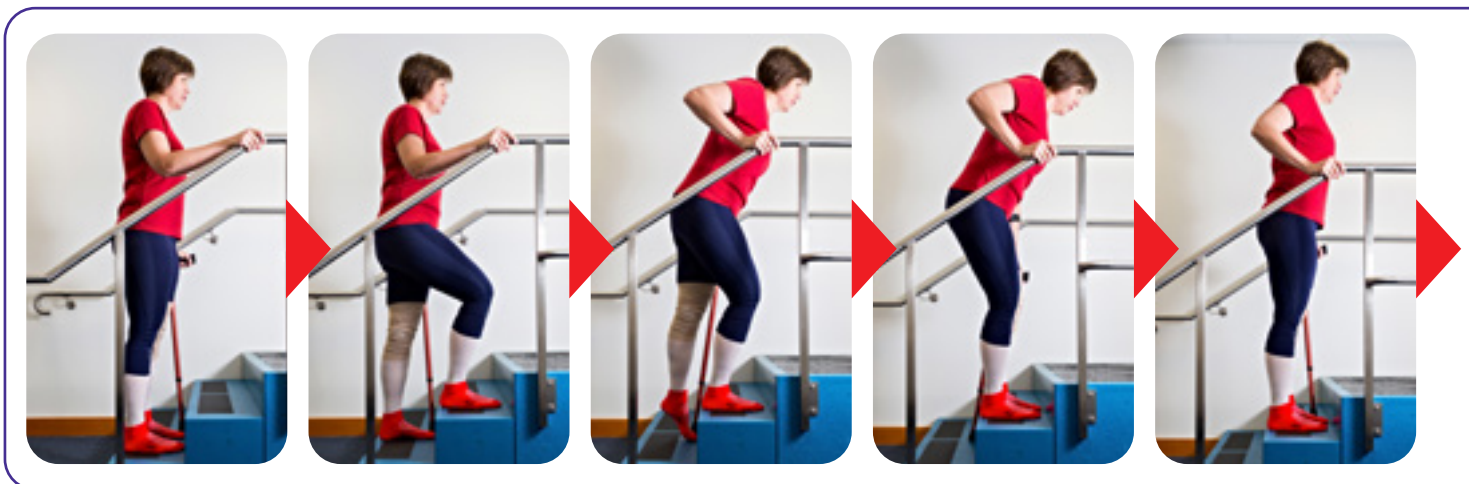
Place half your weight through your operated leg, and half your weight through your crutches as you walk.

○ TWB – Touch/Toe weight-bearing

You may place a very small amount of weight through your operated leg when walking. Imagine you are walking on an egg carton, but don't want to squash it. Usually this contact with the ground is enough to take the weight of your operated leg only (ie. balance on the ground), but without placing any additional body weight through your operated leg.

○ NWB – Non weight-bearing

You are unable to place any weight through your operated leg at all.



Advice for placing weight through your operated leg

- Using crutches after the operation takes some pressure off the knee and helps to ensure you learn to walk without a limp. The idea is that you 'train' yourself to WALK NORMALLY using the crutches, so that you do not have a limp when you come off them.
- Often you can go onto using just one crutch (in the opposite hand to your operated leg) for short distances around the house. Continue to use the crutches for longer walks or if spending more time on your feet until you have no pain or limp or until your surgeon tells you.

Precautions when using crutches

- Ensure crutches are the correct height for you. Your physiotherapist can check this whilst you are in hospital.
- Use appropriate footwear (no loose footwear).
- Check the rubber stoppers at the bottom of the crutches are not worn away or damaged.
- If walking outside in wet conditions take extra care, and don't rush. Ensure rubber stoppers are dry when entering a building. They can potentially slip on hard floors.
- When turning, take little steps around, never pivot on one leg.

Advice for managing stairs when using crutches

When you are in hospital, your physiotherapist will demonstrate how to go up and down stairs using crutches and you will practice with the physiotherapist present. If you have a rail, use the rail instead of a crutch on that side.

- **Going up stairs:** Good leg first, sore leg next, crutches (*all onto the same step*).
- **Going down stairs:** Crutches first, sore leg next, good leg last (*all onto the same step*).



It may help to remember the phrase "Good leg to heaven, sore leg to hell."



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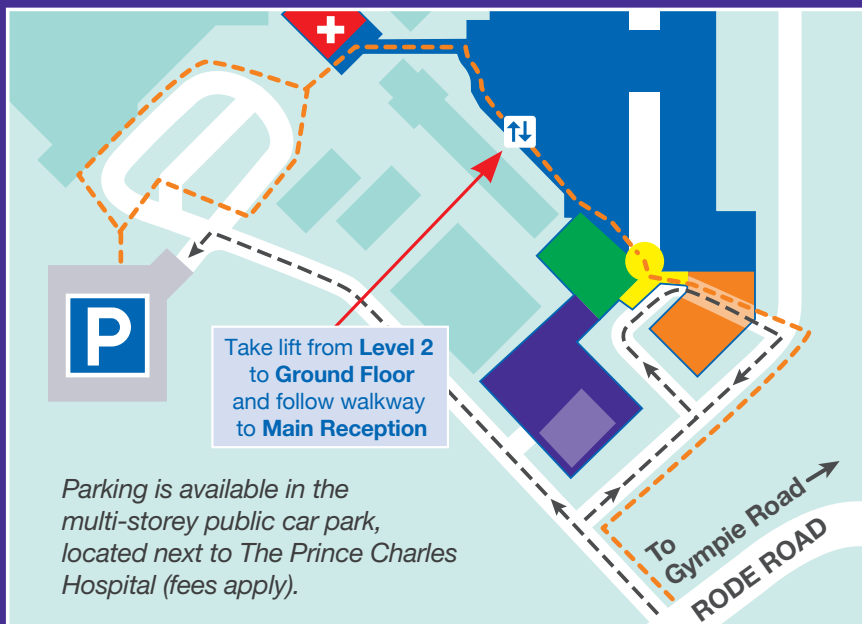
Email: svphn.enquiries@svha.org.au

Website: www.svphn.org.au












 @stvincentsprivatehospitalnorthside



Free WiFi available by connecting to **WiFiHotSpot**



Parking is available in the multi-storey public car park, located next to The Prince Charles Hospital (fees apply).

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|---|---|
|  St Vincent's Private Hospital Northside |  St Vincent's Northside Education Centre |
|  Main Reception/drop-off zone | Level 1 |
|  St Vincent's Northside Medical Centre | - Breast Health Centre |
|  Mary Aikenhead Building | - Consulting Suites |
|  St Vincent's Northside Breast Health Centre | Ground Floor |
| | - Education Training Centre |
| | Lower Ground Floor |
| | - Executive Suites |
-
- | | |
|--|---|
|  Brisbane Northside Private Emergency |  Multi-storey public carpark |
|  The Prince Charles Hospital |  Vehicular route |
| |  Pedestrian route |



Developed in consultation with our consumers (May 2017)

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES