

Sports Therapy  
Manual Therapy  
Electrotherapy  
Manipulation  
Rehabilitation  
Pre-habilitation  
Clinical Pilates  
Pre-Season Screening  
Exercise Prescription  
Massage

### Partners

Chris Ward  
B.App.Sc. (Physio)

Charlie Schall-Riaucour  
B.Physio (Hons.),  
B.App.Sc. (Phys.Ed.),  
Post Grad Dip (Exs for  
Rehab)

### Physiotherapists

Richard Webber  
B.App.Sc (Physio)

Sarah Tulloch  
B. Health Sc., M. Physio

Eleanor Dwyer  
B. Sc., M. Physio

Daniel Ford  
B. Physio

Nicole Forster  
B. Physio

### Practice Manager

Anne Mellor  
BA (Hons)



Member

## POST-OPERATIVE PHYSIOTHERAPY INFORMATION

### KNEE ARTHROSCOPE with Mr. Ray Crowe

You have elected to undergo an arthroscope of your knee. Arthroscopy involves looking at the inside of the knee joint with a small telescope and camera. The results from arthroscopic surgery depend on the arthroscopic findings and the underlying condition. Despite the fact that the incisions are quite small, a large amount of surgery can be performed within the knee.

**YOUR RECOVERY** is greatly dependent on your post-operative routine. Controlling swelling will be one of the most important things to consider post surgery in the first 72 hours (3 days)

**Rest-** take it easy and don't be up and around on your feet too much.

**Ice-** use ice a minimum of 4 times per day for 20 mins at a time.

**Compression-** tubigrip bandage to be worn over the knee daily until all the swelling has subsided which may take 1-2 weeks (see bandage section below).

**Elevation-** keep your leg elevated as much as possible when you are resting.

**TAKE CARE NOT TO OVERDO IT...** when you start to increase your activity levels again LISTEN to your knee. If it is getting sore and swollen after an activity or at the end of the day your knee is telling you that you've over done it. When you over do things and increase your pain and swelling you are delaying your recovery. Use RICE principles to settle the knee back down.

### **BANDAGE:**

The white crepe bandage that you come out of theatre with should be removed after 3 days. You need to keep this dry in the shower. The dressings underneath are water-resistant.

Once the crepe bandage comes off, use the tubigrip as instructed above in the Compression section.

### **CRUTCHES:**

Crutches are used following your arthroscope to share the load on the knee when walking. You are able to commence partial weightbearing straight after your operation but remember there will be some local anesthetic in your knee for a few hours post-surgery so you will not get a true indication of the pain in your knee until that wears off.

You may gradually increase your weight bearing over the first few days. **Use the crutches until you can walk comfortably without a limp**, this may vary greatly from person to person.

Stairs can put a lot of pressure on your knees, so that you don't aggravate your operated knee when going up and down stairs following your operation stick to the following sequence.

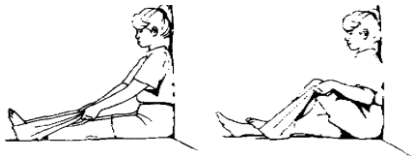
UP STAIRS - Good leg, operated leg, crutches

DOWN STAIRS - Crutches, operated leg, good leg

## **EXERCISE PROGRAMME:**

There are 3 basic **EXERCISES** we want you to commence the day after your arthroscopy. Repeat the exercises every 2-3 hours for the first 3 days and then 2-3 times per day after that.

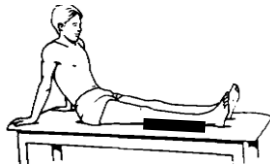
1. You want to start to get the knee moving slowly again



Start with 1 set of 10 and gently and comfortably build up to 3 sets of 10

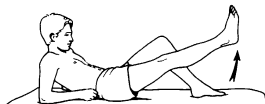
*Keeping your heel on the bed, slide it back towards your buttocks, allowing the knee to bend gently. Keep this movement comfortable, there is no need to force it.*

2. You want to get the quadriceps functioning again



Start with 1 set of 10 and gently and comfortably build up to 3 sets of 10

*With a folded towel placed lengthways under your knee as shown in the diagram, gently (no pain) push the back of your knee into the towel to tighten the muscles at the front of your thigh. Hold 3 secs*



Start with 1 set of 10 and gently and comfortably build up to 3 sets of 10

*Tighten the muscles at the front of your thigh to lock the knee, once locked, slowly lift your leg 10 - 12" off the bed. Only commence this exercises when there is no pain to do so.*

These are good beginner exercises so keep going with these exercises until your review with Mr. Crowe. You will need to continue with your rehab and progress the exercises following this review. The better strength you build up in the muscles around your knee, the better off your knees will be in the long run. Please speak to your physiotherapist or surgeon about the best way to do this *i.e* exercise bike, gym work etc

## **RETURN TO SPORTS/ACTIVITIES**

Please discuss with Mr. Crowe at your review about timeframes and guidelines for returning to specific activities or sports (e.g. gym, running, swimming, contact sports etc).

You may need to have a consultation with your physiotherapist to work towards these goals.

## **CHANGE IN POST – OPERATIVE INSTRUCTIONS**

There are occasions that during surgery your surgeon comes across unexpected trauma, which may require additional work. This may change your post operative recovery instructions (e.g. the need for a brace, change in weight bearing status, etc.). If you find that your post operative instructions from your surgeon are different to the pre operative physiotherapy instructions, please contact us on (03) 9819 2827 and we will endeavor to correct any confusion you may have.