Knee Pre-Operative Physical Therapy Visit

Purpose
The purpose of this physical therapy visit is to prepare your knee for surgery.

Goals
The goals of the visit are to:
1. Introduce you to the Rehab 3 facility and staff.
2. Provide a brief evaluation.
3. Teach you how to take care of your knee after surgery.

Ask your nurse or doctor to check the surgery that you had below.
1. Verify what type of surgery was performed and any specific precautions you should follow
   a. ACI Surgery
   b. ACL Reconstruction
   c. Meniscal Debridement
   d. Meniscal Repair
   e. Microfracture Surgery
   f. Patella Lateral Release
   g. Patella Realignment
   h. PCL Reconstruction
   i. Plica Resection
   j. Quad Tendon Repair
   k. Other
2. Verify how much weight you should put on the operated leg
   a. Non-weight bearing
   b. Weight bearing as tolerated
   c. Specific weight bearing:
      i. Touch down (touch but no weight)
      ii. 25%
      iii. 50%
      iv. 75%

Taking care of yourself after surgery
1. Precautions
   a. ACL reconstruction, PCL reconstruction, meniscal repair, patella realignment or quad tendon repair: Your physician’s office will issue a knee brace after surgery that you will wear at all times except while doing exercises. The brace will be locked in extension (knee straight) to prevent scarring in a bent position. Do not take the brace off when walking unless instructed by your physical therapist or physician.
   b. Meniscal debridement, patella lateral release: There are no specific precautions other than avoiding activities that aggravate your symptoms.
   c. ACI, microfracture, meniscal repair: Avoid putting weight onto the surgical leg until instructed by your doctor. This precaution typically lasts for four weeks.
2. Edema control
   a. To control pain it is necessary to keep swelling (edema) under control. To do this you need to ice and elevate your knee for 15 to 20 minutes approximately every 2 hours. When icing, keep your knee straight and protect your skin from the cold with a light towel or pillowcase. You should always ice your knee after doing your exercises.
b. If you have excessive pain, swelling and changes in skin color or temperature, contact your physician immediately.

3. **Crutches/ Weight bearing**
   a. Follow the instructions on the crutch-training handout.
   b. Follow your physician’s advice about how much weight to put on your operated leg.

4. **Home Exercise**
   a. Doing your home program is critical to prevent loss of motion, strength, and function.
   b. You should begin the exercise program the day after surgery unless instructed otherwise by your physician.
   c. You can take off your brace when doing the exercises.
   d. It is common to feel mild to moderate discomfort and/ or mild increased swelling during or after your exercises. However, you should not “push” through sharp pain. If you feel sharp pain and/ or a significant increase in swelling that lasts longer than three hours, you should contact your physician or physical therapist.

### Plantar/ Dorsiflexion

- With right leg relaxed, gently flex and extend ankle. Move through full range of motion. Avoid pain. Repeat 10 times per set. Do 3 sets per session. Do 3 sessions per day.

### Gastroc Stretch

- With strap or towel around ball of foot, gently pull back until stretch is felt. Hold 15 seconds. Repeat with other foot. Repeat 3 times. Do 3 sets per day.

### Quad Sets

- Tighten muscles on top of thighs by pushing knees down into surface. Hold 2 – 5 seconds. Repeat 10 times per set. Do 3 sets per session. Do 3 sessions per day.

### Heel Slides

- Slide right heel toward buttocks until a gentle stretch is felt. Hold 2 – 5 seconds. Relax. Repeat 10 times per set. Do 3 sets per session. Do 3 sessions per day.

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**Post-surgical rehabilitation**

You will return to Rehab 3 within one week after surgery to begin physical therapy. We will schedule a follow-up appointment for the same day as your first post-op visit with your physician.

**Questions**

If you have any questions, please feel free to contact your physician or physical therapist. Our telephone number is (603) 749-6686. Your therapist’s name is: __________________________.
**A Practical Guide to the Use and Care of Crutches**

**First Things First**

It is important that you follow your doctor’s orders and put only the amount of weight shown below on your affected side:

- ( ) Full weight bearing
- ( ) Partial weight bearing
- ( ) Weight bearing as tolerated
- ( ) Touch down weight bearing (until sensation returns to knee)
- ( ) Non-weight bearing

**Getting Started**

1. Make sure that all pads and grips are securely in place
2. Make sure that all hardware is tight… (check the screws at least once per week)
3. Clean out the tips to make sure they are free of dirt and stones
4. Have someone nearby to help you until you get used to it
5. Remove all small loose rugs from your path to avoid falls
6. If your tips wear out, please visit your local pharmacy

**Proper Techniques**

**To get up from a chair:**
- Hold both crutches on your affected side
- Slide to the edge of the chair
- Push down on the arm of the chair on the good side
- Stand up, check your balance
- Put crutches under your arms, press into ribs

**To walk with crutches**
- Put crutches under your arms and press them into your ribs
- Move the crutches ahead of you 6 to 12 inches
- Push down on the handgrips as you step up to or slightly past the crutches
- Make sure to bear your weight on your hands, not under your arms
- Check your balance before you continue

**To sit down in a chair:**
- Back up to the chair until you feel the chair on your legs
- Put both crutches in your hand on the affected side, reach back for the chair with the other hand
- Lower yourself slowly in to the chair, bending at your hips
To go upstairs:
- If a handrail is available it will make things easier for you. Simply hold both crutches on one side.
- Start close to the bottom step, and push down through your hands
- Step up to the first step, remembering that the good foot goes up first!
- Next, step up to the same step with the other foot, making sure to keep the crutches with your affected limb
- Check your balance before you proceed to the next step
- Make sure someone is there to help if you need it

To go down the stairs:
- If a handrail is available it will make things easier for you. Simply hold both crutches on one side.
- Start at the edge of the step, keeping your hips beneath you
- Slowly bring the crutches with your affected limb down to the next step (the hurt foot goes down first!)
- Be sure to bend at the hips and knees to prevent leaning too far forward, which could cause you to fall
- Next, push down into crutches and step down with your good foot
- Check your balance before you continue
- Make sure someone is there to help if you need it

Tip: When using stairs remember that...
The ‘good’ foot goes up first when going up stairs and
The ‘affected’ foot goes down first when going down stairs