

KNEE ARTHROSCOPY

CO.RE 

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THE BASICS

This program sets out the rehabilitation required to get the best result from your knee arthroscopy with a safe but progressive exercise plan.

Bear in mind that a knee arthroscopy may be performed for many different reasons including:

- Torn meniscus
- Removal of loose body
- Smoothing of the joint surface (chondroplasty)

The rate of recovery and the degree of recovery will be substantially influenced by the amount of wear and tear or arthritis in the knee. No two knees are the same.

The good thing about knee arthroscopy is that because there has not been a reconstruction, you can progress through the stages as rapidly as your symptoms permit. You do not need to worry about doing any damage with your rehab. Use the Guide to Progression to determine when to move on to the next phase. Remember the CO.RE motto – “You must progress for success”.

The mechanics of a joint do not get any simpler than the knee. It is a simple hinge joint. It bends and it straightens. The muscles that bend the knee are the hamstrings at the back of your thigh. The muscles that straighten the knee are the quadriceps at the front of your thigh.

When I talk to patients about rehabilitation, I tell them to think about it in two parts. Rehabilitation involves **stretching** and **strengthening**.

- **Stretching**

Stretching involves moving a joint using external forces. The early phases of rehabilitation are mostly about stretching. It must be done early before scar tissue forms, causing stiffness. So it is time critical – you cannot put it off until next week when you are feeling better. Stretches are a low load, long duration activity. The mantra is “stretch and hold”.

- **Strengthening**

Strengthening involves moving a joint using your own muscles. Because there is no risk of any damage to the joint, we can progress with strengthening exercises after knee arthroscopy as soon as your symptoms allow.

GUIDE TO PROGRESSION

When do you move on to the next phase of your shoulder arthroscopy rehabilitation? Here are three guidelines:

1. The soreness guide

SYMPTOMS	ACTION
Soreness before exercise due to previous days rehab	Take a day off, stay at current level
Soreness at the start of the session, relieved during the session	Stay at level, continue to exercise
No soreness during exercise session	Consider advancing to next level

2. The functional guide – if you have reached the goals for that particular phase as outlined in the rehabilitation program, you are ready to progress to the next level.

3. The timeline progression – estimated timeframes for each phase are included in the protocol.

So I advise that you use a combination of all three methods to make a best guess as to whether you are ready to progress.

Remember that you must **progress for success.**

THE FIRST WEEK

1. WOUND MANAGEMENT

The cuts in the skin have been closed with stitches. A small rectangular waterproof dressing has been placed over the stitches. The knee is then wrapped in wool and bandage.

This dressing should remain untouched for at least four days. After four days the bandages and wool can be removed. The waterproof dressings can be replaced with bandaids. The knee should then be dressed with the Tubigrip bandage which will be supplied to you on discharge from the hospital. The Tubigrip sleeve is usually doubled over to provide compression. Once the dressings have been reduced you can commence treatment with ice to control swelling.

At this stage, the dressings still need to be kept clean and dry. Do not get the wounds wet when showering. Do not swim or bathe. The stitches will be removed after seven to ten days at your postoperative appointment. Country patients will need to see a nurse or GP.

2. SWELLING

It is common for swelling to persist for weeks or even months after surgery. Swelling can be controlled by RICE:

- a. Rest – for the first few days after surgery you will generally potter around the house but not go out for long periods or spend extended periods standing on the knee.
- b. Ice – while the knee has a large bulky dressing immediately post surgery, the ice will be ineffective. Once the dressings are reduced at approximately four days post surgery then you can commence icing the knee. This should be done for ten to fifteen minutes three times per day. The simplest way to do this is with a bag of frozen peas which can be reused. Never put ice directly onto the skin.
- c. Compression – the postoperative bandaging can be tightened to provide better compression after a few days and once the dressings are reduced the Tubigrip will provide adequate compression.
- d. Elevation – lying down is better than sitting and the foot can be elevated on pillows.

3. BRUISING

It is normal to get bruising at the surgery site. Gravity may cause that bruising to come out at the back of the knee or commonly even down at the ankle. Some people get a bruise at the thigh from the tourniquet used in surgery. Ice and compression should settle things. The physiotherapist can help with ultrasound and massage for severe bruising.

4. CRUTCHES

Ideally, you should be able to walk without crutches immediately. If you need crutches for pain management, then it should not be for more than a day or two. While you are using crutches, it is important that you take some weight through the leg with every step. Do not get into the habit of swinging the leg through the air. This causes the muscles to waste away very quickly.

5. KNEE BRACE

It is not necessary to wear a brace following arthroscopic surgery. However, some people find that it provides a sense of security. It may also help control swelling. The simplest brace is a Neoprene brace with or without velcro straps that you can obtain from a chemist.

6. SLEEP

Never sleep with a pillow under your knee. This causes stiffness to develop very quickly.

7. COMPRESSION STOCKINGS

If you have risk factors for deep vein thrombosis, you will be supplied with some short compression stockings in the hospital and it is advisable to wear them for a few of weeks.

8. HOW HARD DO I PUSH?

Work within your comfort zone, especially early on. Three simple rules:

- a) Gritting your teeth is okay, but tears in the eyes is not;
- b) You must be able to do tomorrow what you did today. If you wake up so sore you need a rest day – you did too much.
- c) A pain score of 3 out of 10 is ok, no more.

9. PHYSIOTHERAPY

You may wish to see a physiotherapist to assist in your rehabilitation. The physiotherapist will be able to advise you on appropriate exercises and the rate of progression. They will be able to tell you if you are behind schedule and you can modify your rehabilitation accordingly.

If you overdo the rehabilitation then the knee may swell and become painful and it may slow your progress. However, this will not have a negative impact upon the long term result, it merely delays the recovery.

10. PAIN RELIEF

You may require simple analgesics for up to three months. The best combination is an anti-inflammatory medication in conjunction with a Panadol based drug. Usually, Panadol or Panadol Osteo will suffice. For stronger pain relief you may use Panadeine or Panadeine Forte. See Dr Colvin's brochure "Pain Relief After Surgery".

STAGE ONE

WEEK ONE (DAYS 1 TO 7)

We are going to start with some **stretching** and then progress on with some gentle **strength** work. Remember, early on in the rehabilitation program, the big gains are made with stretching.

The rehabilitation program is meant to involve three 20 minute sessions per day. Stretch at every opportunity during the day.

I suggest you start each session with a stretching exercise we call “drop and dangle”. Before the session, you can take a couple of Panadol tablets, make a coffee, get yourself a magazine and spend the first five minutes doing this drill which involves sitting on a high bench or table and simply letting gravity bend the knee.

Follow this up with a more intensive bending exercise, usually a heel slide in the early weeks.

Once we have done some stretching to bend the knee, we move on to stretching it out straight. This is called a heel prop. A rolled up towel or pillow is put under the heel. Just like the drop and dangle, relax for five minutes and let gravity gradually straighten the knee.

Move on to the strength component, which involves static hamstring and quadriceps exercises (static meaning no movement, or “isometric”). Finish off with a solid block of straight leg raises.

So we have stretched the knee to bend, we have stretched the knee out straight, and then we have done some work on the bending muscles (hamstrings), and the straightening muscles (quadriceps). It is as simple as that. Do some calf raises if you have time. Finish off with fifteen minutes of ice and you are done.

Objectives by the end of this stage

By the end of week one, you should have achieved the following:

- The knee should be almost straight
- The knee should be able to bend almost to 90 degrees
- You should be walking without crutches

WEEK ONE EXERCISES (DAYS 1 TO 7)

STRETCH



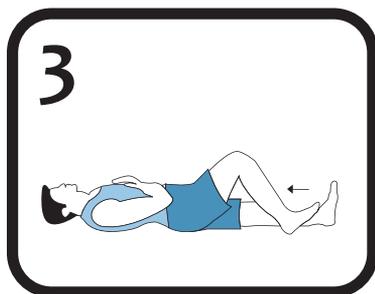
1. Drop and dangle

Sit on a high bench or table with your leg dangling over the edge. Get a coffee or magazine and take some Panadol. For five minutes, let gravity bend your knee.



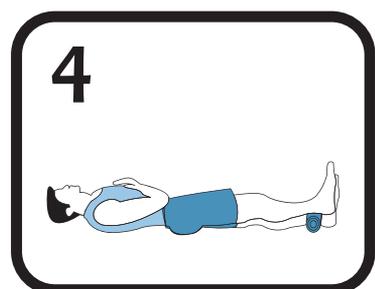
2. Calf stretch

Stand facing a wall with your hands on the wall. Place the leg back, keeping the knee straight. Heels on the ground. Lean forward feeling the stretch in the back of your calf. Hold for 10 seconds. Repeat x3.



3. Heel slides - lying

While lying flat, slide the heel towards your bottom as far as you can. Hold for ten seconds and then relax out straight again. Repeat x3.

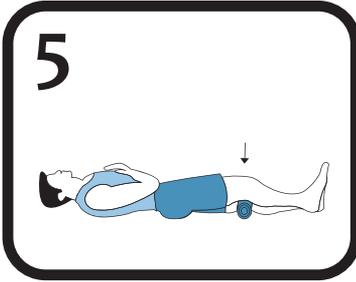


4. Heel prop

This is an extension stretch. Place a rolled up towel under your ankle while lying flat. Relax for five minutes and let gravity straighten the leg.

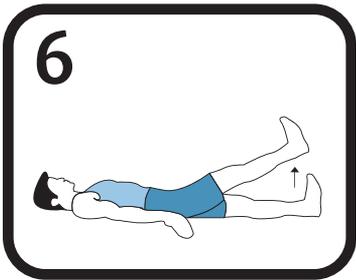
STRENGTHEN

5. Quads setting



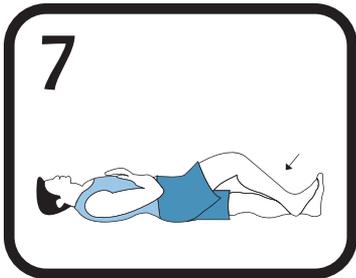
Use the rolled up towel under your knee. Turn the foot outwards slightly. Push the back of the knee into the towel. Feel the quadriceps muscles at the front of your thigh tighten. Hold for five seconds and relax. Repeat 3 sets of 10.

6. Straight leg raises



Lie flat with your leg straight. Turn the toes out. Lift the heel twenty centimeters off the floor. Hold for one second and lower. Three sets of 10 is a minimum, aim to be doing at least 200 per day. Progression: Hold for 3 to 5 seconds.

7. Static hamstring - lying



Bend the knee to approximately 30 degrees and push the heel down into the floor. Hold for 5 seconds and relax. Repeat 3 sets of 10.

8. Double leg heel raise



Stand feet together with one hand on a wall or table for balance. Raise up on your toes lifting both heels as far off the ground as possible. Hold for a second and lower. Repeat 3 sets of 10 or until calf fatigues.

ICE

STAGE TWO -

WEEK TWO (DAY 8 TO 14)

In the second phase we are going to stretch a bit harder bringing in some prone hangs and assisted flexion but also increase the strengthening work with some gentle quarter squats and quarter lunges. Continue 3 sessions a day preferably, 2 at a minimum.

Objectives by the end of this stage

By the end of week two, you should have achieved the following:

- Close to full straightening (less than five degrees)
- Bending comfortably to ninety degrees or more
- Walking without a limp

WEEK TWO EXERCISES (DAY 8 TO 14)

STRETCH



1. Drop and dangle - Assisted

Continue this stretching at the start of each session until such time as you can comfortably bend to ninety degrees and then it can be omitted.

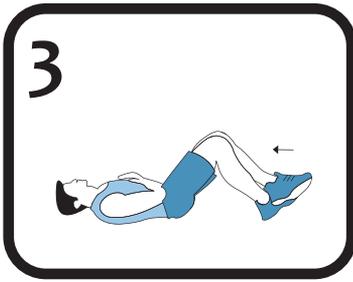
Progression: Use your good leg over the top to push for further bending, hold for 10 seconds then release.



2. Calf Stretch

Stand facing a wall with your hands on the wall. Place the leg back, keeping the knee straight. Heels on the ground. Lean forward feeling the stretch in the back of your calf. Hold for 10 seconds. Repeat x3.

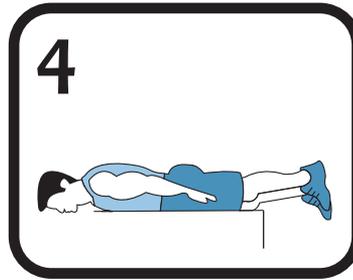
3. Lying heel slides – Assisted



While lying flat, slide your heel towards your bottom. Use the good leg over the top to actively push the bending further. Hold for 10 seconds. Repeat x3.

Progression: Sit up and use your hands to pull into a deeper bend.

4. Prone hang

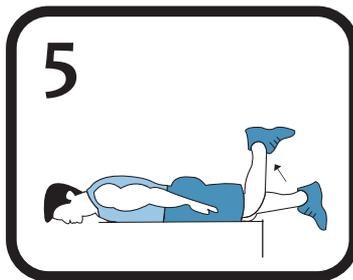


Lying on your stomach with your knees hanging over the edge of a bed or bench, relax and let gravity straighten the knee. Hold for 5 minutes (if you find this uncomfortable, continue with heel props).

Progression: Put a bag of rice on the back of your ankle.

STRENGTHEN

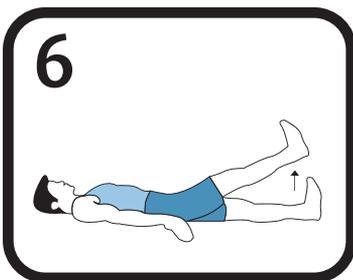
5. Prone hamstring curls



Lying on your stomach, pull your heel up to the buttock, hold and then lower. Repeat for 3 sets of 10.

Progression: This exercise can be done in a standing position.

6. Straight leg raises



Continue this quadriceps exercise in this phase. Repeat for 3 sets of 30.

Progression: Hold for longer, do more reps.



7. One quarter squats with a chair

Standing feet shoulder width apart, foot slightly turned out with your hands on the back of a chair, bend the knees slightly, hold then straighten. Repeat for 3 sets of 10.

Progression: Go deeper.



8. One quarter lunges with a chair

Stand with the operated leg in front and the foot turned slightly outwards. Support yourself with two hands on the back of a chair. Slowly take your weight forward, bending your front knee until it is over the toes. The rear knee will be halfway to the floor. Hold briefly then straighten. Repeat for 3 sets of 10. Change legs.

Progression: Take the rear knee closer to the floor.



9. Heel raises - Single leg

Stand on one leg. Use a hand on a wall for balance. Rise up on your toes, lifting the heel as far off the ground as possible. Pause and lower. Repeat for 3 sets of 10 or until the calf fatigues.

Progression: Hold at the top of the lift for longer.

ICE

STAGE THREE -

WEEKS THREE TO SIX (DAYS 15 TO 42)

- At this stage you might find your range of motion is coming along very well and you can spend less time on the stretches and more time on the strengthening exercises. However, if stiffness is an issue, then the stretches need to be pushed outside your comfort zone – start to grit the teeth.
- You can start longer walks for exercise now. We also start cycling in this phase.
- Pool work is a good option at this stage. During a pool session, I recommend that you do half swimming and half pool walking. Swimming is good cardio exercise but does not build a lot of lower limb strength. In the first couple of weeks, you should be swimming with a gentle flutter kick. The lane walking will assist in lower limb strengthening.

Objectives by the end of this stage

At the end of week 6, you should have achieved the following:

- A knee which is fully straight, flat on the bed when lying
- Bending to one hundred and ten degrees, enough to do a full revolution on an exercise bike
- Be able to walk comfortably for exercise

WEEK FIVE AND SIX EXERCISES (DAY 29 TO 42)

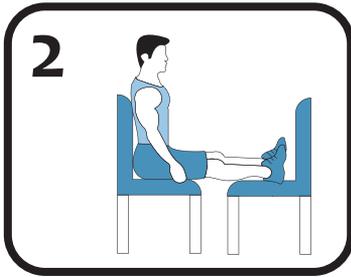
STRETCH



1. Seated assisted knee flexion

In a seated position, put your good heel over your operated leg and use it to forcefully bend the knee beyond 90 degrees. Hold for ten seconds and then relax. Repeat x10.

2. Seated heel prop



Sitting in a chair, put your ankle up onto a facing chair. If the knee does not straighten fully then push with modest force to point of mild discomfort and hold for ten seconds and then relax. Repeat for a set of ten. Progression: If the knee is not coming out straight, sit in this position in front of television for extended periods of time each night.

3. Calf stretch



Stand facing a wall with your hands on the wall. Place the leg back, keeping the knee straight. Heels on the ground. Lean forward feeling the stretch in the back of your calf. Hold for 10 seconds. Repeat x3.

STRENGTHEN

4. One quarter wall squat

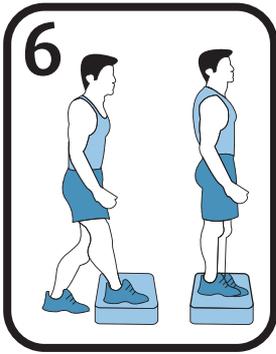


Stand with your back against the wall or use a fit ball between back and wall. Feet shoulder width apart, toes turned slightly out. Squat slowly down to approximately 45 degrees, pause and straighten. Repeat 3 sets of 10. Progression: Go deeper.

5. One quarter lunge



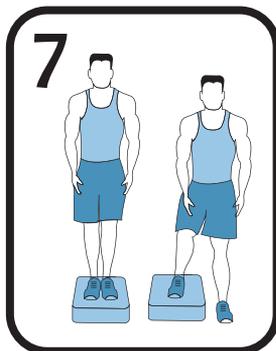
Stand with both feet together, hands on hips. Take a comfortable long step forward with the injured leg, putting the foot to the ground with the toes turned slightly outwards. Slowly take your weight forward bending your front knee until it is over the toes. The rear knee will be halfway to the floor. Pause and then step back again, feet together and straighten. Repeat 3 sets of 10. Change legs. Progression: Go deeper.



6. Step ups

Stand facing a small step. Start with a height of approximately 5cms. The foot of the leg to be exercised remains on top of the step throughout. The back foot is brought from the ground up onto the step until weight is evenly distributed between both feet. Pause and take the same foot back to the ground again, completely unweighting the foot on the step and taking your full weight on the back leg on the floor. Repeat 3 sets of 10. Change legs.

Progression: Increase height of step to 20cms over time.



7. Side steps

Start standing two feet on top of a small step, 5cms initially. The leg to be strengthened stays on the step. The opposite leg is lifted off the side of the step and put on the ground taking full weight to that leg. Then lift this leg back up on the step to stand two feet, weight evenly distributed. Repeat 3 sets of 10. Change legs.

Progression: Increase height of step to 20cm over time.



8. Standing hamstring curls

Stand with hands on hips or supported with a table or chair. Pull the heel of the injured leg up as far as possible towards your buttock.

Hold for a count of 3 then lower. Repeat 3 sets of 10.

Progression: Bridges (see stage 3).



9. Single leg stance

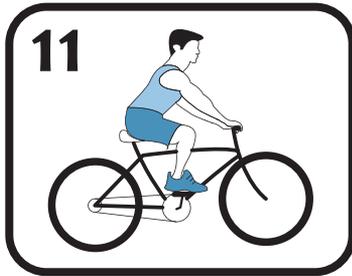
Balancing on the operated leg only, bend the knee slightly, hands on hips. Start with a ten second balance. Repeat x3. Progression: Hold for longer. Close eyes.



10. Single leg heel raise on a step

Stand on one leg on a step with your hand on the wall for balance. Rise up on the ball of your foot as high as you can. Pause and then slowly lower the heel to come down below the level of the step.

Repeat 3 sets of 10 or until the calf fatigues.



11. Exercise bike

ICE

STAGE FOUR - WEEKS SEVEN TO TEN

(DAYS 43 TO 70)

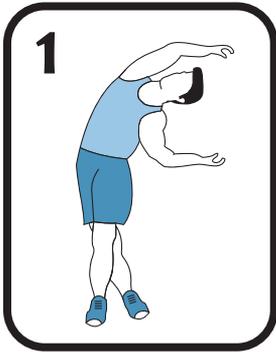
- If you were to do only one thing in this period, it would be EXERCISE BIKE or CYCLING. It is a complete rehabilitation program in one activity. It strengthens quads, hamstrings, calf muscles and all done in a low impact and cardio manner. Start the bike easy and build up to moderate resistance, but not stand up cycling. Start at five minutes and build up gradually. Aim to be able to do thirty to sixty minutes of moderate resistance cycling by the end of week twelve.
- Longer walks for fitness. Walk mostly on the flat. You should be walking briskly for some cardiovascular effort. It does not matter if it is grass or hard surface – just safe, not uneven.
- Other low impact gym equipment such as a cross trainer, elliptical, stepper, or rowing ergo can be brought in.
- For the advanced program, add in some theraband hip exercises.
- In summary, your daily routine at this stage should be:
 - 1) A general exercise session (on the exercise bike preferably, or walking, swimming, rowing ergo, or cross trainer).
 - 2) The specific Stage 4 exercise session once a day.
- If you have an arthritic knee, you may not be able to do all the exercises in this stage – stay with the stage 3 exercises.

Objectives by the end of the this stage

- Exercise bike – moderate resistance for minimum of 30 minutes
- Walking briskly 30 minutes comfortably
- Knee straightening Left=Right

WEEK SEVEN TO TEN EXERCISES

STRETCH



1. ITB doorway stretch

This exercise can be done standing or in a doorway if you find it difficult to balance. The leg to be stretched goes behind the good leg. Both feet are facing forward. Bend sideways as far as possible to feel the stretch on the outer thigh and running all the way down to the knee. Hold for 10 seconds. Repeat x3.



2. Calf stretch

Stand facing a wall with your hands on the wall. Place the leg back, keeping the knee straight. Heels on the ground. Lean forward feeling the stretch in the back of your calf. Hold for 10 seconds. Repeat x3.



3. Quadriceps stretch

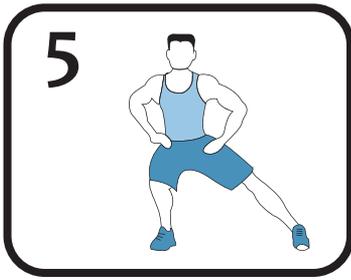
Reach back to grab the ankle of your injured leg and pull your heel to the buttock. Use the opposite arm to balance against a wall if necessary. Make sure that your knee points directly towards the ground and that your hips are pushed forward. Bending at the waist or letting the knee come out to the side will negate the stretch. Hold for 10 seconds. Repeat x3.



4. Hamstring stretch

Stand on 1 leg. Other leg straight out on chair or bench. Lean forward into the stretch. Hold for 10 seconds. Repeat x3.

5. Hip adductor stretch



Stand with a very wide stance, hands on hips. Move your weight over one foot, feeling the stretch in the opposite groin. Hold for 10 seconds. Repeat x3.

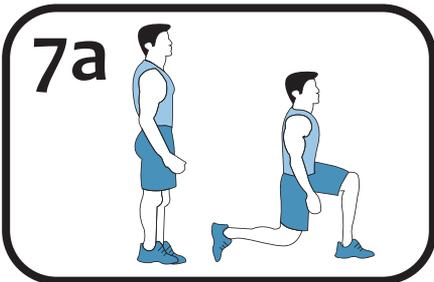
6. Hip flexor stretch



Assume a full lunge position with both hands on top of your front thigh on the ground. Injured leg back, good leg forward. Lean forward with your hips keeping your body upright until you feel a stretch along the front of the thigh. It is very important to push the pelvis forward and keep the body upright or the stretch is lost. Hold for 10 seconds. Repeat x3.

STRENGTHEN

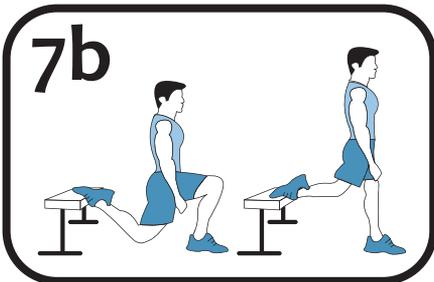
7a. Lunges - Walking lunges (Wk 7, 8, 9)



Lunge forward with the right leg and drop the left knee down to lightly touch the ground. Keep the hip, knee and ankle aligned, the front knee should come out over the top of your toes. Push forward coming onto the left leg and dropping the right knee to the ground. Repeat this full cycle for ten reps. Do 2 or 3 sets.

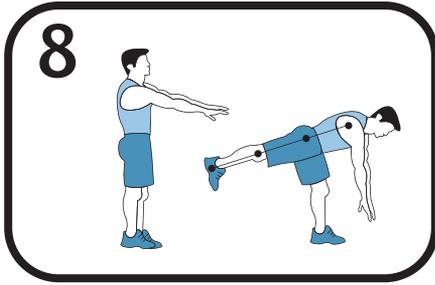
Progression: Bulgarian split squats.

7b. Lunges - Bulgarian Split Squats (Wk 10, 11, 12)



Stand in front of a box or chair. Place rear leg on chair. Bend front knee over toes. Lower the rear knee as close as possible to floor. Pause and come back up. Repeat ten reps. Do 2 or 3 sets each leg.

8. Single leg Romanian deadlift



This is one of my all time favourite rehabilitation exercises. It builds strength in hamstrings and gluteals, at the same time promoting balance and core stability.

Stand on one leg, hinge at the waist. Both arms go forward, back and rear leg remain aligned. Hold for 10 seconds then change to other leg. Ten reps. Do 2 or 3 sets each leg.

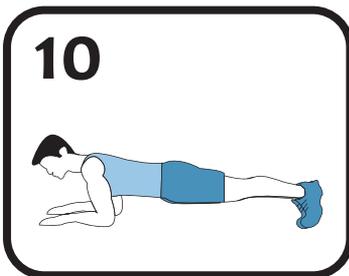
Progression: Add dumbbells.



9. Single leg heel raise on a step

Stand on one leg on a step with your hand on the wall for balance. Rise up on the ball of your foot as high as you can. Pause and then slowly lower the heel to come down below the level of the step. Repeat 3 sets of 10 or until the calf fatigues.

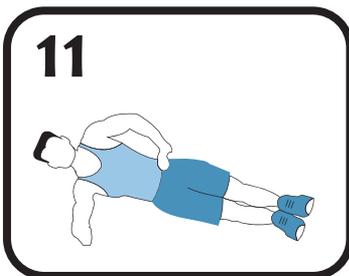
10. Bench



Lying on your front, support your weight on your forearms and toes. Your body forms a straight line from head to foot. Hold for 30 seconds. Do 2 or 3 reps.

Progression: bench with leg lift.

11. Side plank



Lay on your side with both legs straight. Support your weight on the outer side of your foot and your forearm. Hold for 30 seconds. Do 2 or 3 reps each side

Progression: side plank with leg lift.

STAGE FIVE - WEEK 11 ONWARDS

- **Progress to gym based strengthening exercises if desired.**

At this stage, it is safe to undertake gym based exercise training. Exercises should all be low weight and high rep (three sets of 12 to 15). Leg press, squats, calf raises and hamstring curls are all appropriate exercises at this stage.

- **Continue a daily general exercise session.**

This is the mainstay of your rehabilitation. Walk, swim, cycle or cardio gym equipment. Cycling is still your best overall exercise.

- **Start jogging**

A jogging program is safe to commence now. A simple program starts with some one hundred metre intervals and then progresses to two hundred metre intervals, four hundred metre intervals etc. on a graduated basis. It is best to be done on an oval or predictable safe path. It does not matter if it is grass or a paved surface. No cross country running. Make sure you have a good pair of running shoes (replace every 800km). I would suggest jogging only twice a week. Jogging is high impact and may provoke some pain in the knee and swelling.

If you are not a keen jogger, then it is certainly not a compulsory part of the recovery program.

- **Return to sport**

In order to reduce the risk of an early re-injury, a two month return to sport program is recommended. This program focuses on strength, agility and co-ordination. Use Dr Colvin's CO.Re Return to Sport Program. Once this program is completed, the athlete moves on to sports specific activities.

SPORT-SPECIFIC DRILLS

1. Football/Rugby

Dodging drills, running and kicking drills (all directions), defense tackling drills.

2. Soccer

Dribble around cones, shooting drills, defense drills, lateral shuttle runs while kicking ball off wall, tackling drills.

3. Basketball/Netball

Lay-up drills, lateral shuttle runs while throwing/catching ball off wall, run-pivot-vertical jump, dodging drills, defense drills (running/jumping backwards).

POSTOPERATIVE PROBLEMS

1. Deep vein thrombosis

A small deep vein thrombosis in the calf veins is not that uncommon following knee surgery and may often go unrecognized. Larger clots cause tight painful swelling in the calf. If you experience excessive calf pain and swelling, you should come back for review and an ultrasound scan will be organized.

Some small clots in the veins below the knee may be treated simply with compression stockings and observation. However larger clots require treatment with blood thinners for a period of six to twelve weeks.

2. Knee stiffness

Knee stiffness is rarely a problem if you are diligent with your stretching program. The rehabilitation program outlines expected targets. Full straightening is more important than the bending. If you are starting to fall behind schedule, you should push the stretches harder and spend longer doing them. Remember – “stretch and hold”.

3. Recurrent swelling

Some swelling in the knee is to be expected in the first six to twelve weeks. If there is significant arthritic wear in the knee, intermittent episodes of swelling may be a permanent feature.

Swelling is managed with RICE. Refer to the advice for “The First Week”.

Expect to experience increased swelling when you return to work, particularly if you are on your feet all day. Swelling is also associated with any increase in your rehabilitation such as when you return to running.

Not uncommonly, we use cortisone injections to treat persistent swelling.

4. Clicking in the knee

Clicking of the knee after knee surgery is very common and is almost always caused by the knee cap. After injury and subsequent surgery, there is significant wasting of the quadriceps muscles. The knee cap is not held as firmly into the groove at the front of the knee (trochlea) and can make an audible click when it re-centres under load.

Clicking generally resolves once quadriceps strength returns. It is safe to ignore painless clicking.

5. Knee cap pain/patellofemoral pain/anterior knee pain

In a similar manner to knee cap clicking, knee cap pain can occur in the recovery period, as a result of quadriceps weakness. Many of the rehabilitation exercises are tailored towards restoring strength in the quadriceps, particularly the inner quadriceps (VMO or Vastus Medialis Oblique). If you are struggling with knee cap pain, you may benefit from knee cap taping or a brace and possibly supportive orthotics.

6. Skin numbness

An area of numb skin below the incision is quite common. It will resolve over a twelve month period.

FREQUENTLY ASKED QUESTIONS

1. Will I need crutches?

Ideally, you should be walking on the knee, taking full weight without crutches immediately. If necessary for pain relief, you can use crutches for one to two days. Take some weight with every step and do not swing the leg through the air.

2. Will I need a brace?

It is not necessary to wear a brace following arthroscopic surgery. However, some people find that it provides a sense of security. It may also help control swelling. The simplest brace is a Neoprene brace that you can obtain from a chemist.

3. What rehabilitation and physical therapy will I require?

You may wish to see a physiotherapist to assist in your rehabilitation. The physiotherapist will be able to advise you on appropriate exercises and the rate of progression. However many patients do manage to undertake their own rehabilitation following knee arthroscopy.

4. How soon can I drive after surgery?

It is safe to drive once you are walking comfortably without assistance. A simple self test is to see if you can stand on one leg for one minute. If you can do this you are fit to drive.

5. When can I go back to work?

Most people return to desk duties within five to ten days of surgery. Light physical duties can usually start four to six weeks after surgery and heavier physical duties between eight and twelve weeks post surgery.

6. When can I play sport after knee arthroscopy?

Recovery times are variable depending on the nature of the damage within your knee joint. Some low grade grumbling symptoms will persist for at least three months. Return to sport will be dictated by your pain and swelling but most people would not attempt to run on the knee for at least six weeks and often closer to twelve weeks. Swimming can commence very early in the rehabilitation program once the sutures are removed.

KNEE TERMINOLOGY

ACTIVE	A movement initiated by your own muscles. This movement will build strength.
ANTERIOR	Front.
CLOSED KINETIC CHAIN (CKC)	Exercise where the foot is fixed or planted.
CONCENTRIC	Contracting and shortening a muscle (the usual form of exercise).
GRAFT	Tissue used to make the new ACL.
EXCENTRIC	Contraction while lengthening a muscle (a controlled release).
EXTENSION	The action of straightening your knee.
FEMUR	Thigh bone
FLEXION	The action of bending your knee.
ISOMETRIC	Contracting a muscle without shortening it (ie. no movement of the joint) – also called static.
OPEN KINETIC CHAIN (OKC)	Exercise where the foot is free, not fixed
PASSIVE	A movement initiated by external forces, a stretching exercise.
PATELLA	Kneecap.
POSTERIOR	Back.
PRONE	Lying on your abdomen.
RANGE OF MOTION (ROM)	How far you can move a joint in any one direction (measured in degrees).
STATIC	See “Isometric”.
SUPINE	Lying on your back.
TIBIA	Shin bone.