

HOSPITAL
FOR
**SPECIAL
SURGERY**



Your Pathway to Recovery

Arthroscopic Knee Surgery

**Volume 5
First Edition
Patient Education Series**

Your Pathway to Recovery

Arthroscopic Knee Surgery

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The HSS Approach to Arthroscopic Surgery

At HSS we believe that patient and family education is a critical component of providing excellent patient care. Therefore, we designed this book to help guide you through your arthroscopic surgical journey from beginning to end. Its objectives are three-fold:

1. To help prepare you for your surgery and hospital experience.
2. To optimize your participation in the arthroscopic surgery processes while in the hospital.
3. To prepare you for initiating and maximizing your recovery at home.

Because HSS does so many arthroscopic procedures each year, we have medical teams which consist of orthopaedic surgeons, anesthesiologists, physician's assistants, physical therapists, registered nurses and research scientists. These teams are at the forefront of research, surgical techniques, rehabilitation and nursing care for knee injuries. In an atmosphere that nurtures your well-being, **your team** will employ the best technological and educational strategies appropriate for **your surgery** with the goal of returning you to your pre-injury activity level as quickly and safely as possible.

This book is your team's general guide to your arthroscopic surgery, and then, to initiating rehabilitation afterwards. However, **not all patients having arthroscopic surgery have precisely the same conditions or needs**. Therefore, your physician, physical therapist, or nurse may make changes or additions to this book. **Their changes take precedence.**

If you have a meniscal repair or micro fracture, please note : Do not follow the exercises in this booklet. Consult with your physician and/or physical therapist for individualized exercise instructions.

You will help achieve your optimal recovery from your surgery **by becoming an active, helpful part of the HSS team**, before, during and after surgery. Of course, the long range benefit of your surgery depends very much on the success of your continuing rehabilitation at home. Therefore, we expect that you will continue to practice what your team has taught you long after you have left us.

This book structures your participation from this moment forward. Therefore, it is imperative that you and your home care helper(s) read this book carefully now, and then refer to it at appropriate times during your recovery.

Sincerely,
Your HSS Team



Knee Arthroscopy: What is it?

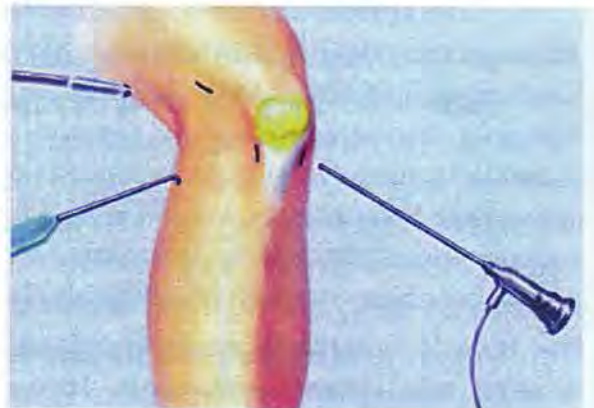
Arthroscopy of the knee is a surgical procedure in which a small fiberoptic telescope (arthroscope) is inserted into the knee joint through an incision to see the inside of the knee joint. This enables the surgeon to visualize the inside of the joint on a TV monitor as he/she operates and lets others of the operating team view the surgical procedure. Through other small incisions, arthroscopic instruments are used to perform the surgery.

Arthroscopy



1. Initially, your knee is marked with the site for the small incisions through which the arthroscopic instruments will be inserted.

2. Special instruments are inserted in the knee to view damage, and repair various structures, such as ligaments, cartilage and other parts.



When surgery is complete, only small incisions remain which are closed with sutures and covered with temporary dressings.

The benefits of arthroscopy include smaller incisions, faster healing, a more rapid recovery and less scarring. Arthroscopic surgical procedures are often performed on an outpatient basis so the patient is able to return home on the same day.

During the procedure, fluid is inserted into the knee to distend the joint and to allow for the visualization of the structures within the knee. The knee is then examined for damaged tissue and arthroscopic instruments are used to perform the surgery through the same incisions. The most common types of arthroscopic surgery include removal or repair of a torn meniscus (cartilage), ligament reconstruction, removal of loose debris, and trimming damaged cartilage.

While arthroscopy is used in many different procedures, recovery time and outcome are related to the type of injury and type of arthroscopic surgical procedure performed. For example, a patient requiring arthroscopic ligament reconstruction will take longer to heal and recover than a patient who has an arthroscopic removal of a loose body. Another example: a patient with concurrent arthritis needing removal of torn cartilage will take longer to heal and recover than a patient who has no arthritis.



Your Pre-Operative Checklist

So that your trip to HSS for arthroscopic knee surgery will go smoothly, you must carry out all the instructions on this checklist before your entry into the hospital:

- ☐ **Pre-operative Testing:** Within 10 days of your surgical procedure you will have tests done, as ordered by your physician. They may include blood and urine tests, X-rays, MRI's and, if you are over 50 years old, a cardiogram. If done at HSS, a registered nurse will request information about your health and tell you what to expect and how to plan for your surgery. If not done at HSS, all test results should be faxed to your surgeon's office for review as soon as possible.

(Record FAX number here _____.)

For 10 days before surgery stop taking aspirin, or anything that contains aspirin, and all anti-inflammatory medications (i.e. Aleve, Advil, Motrin, Ibuprofen, Voltaren, Naprosyn, Feldene, Celebrex, Vioxx, etc.), as well as nutritional supplements, such as Vitamin E, Ginseng, Ginko, Biloba, Garlic and Ginger. If you have questions, please contact your physician's office.

- ☐ **Obtain the cryotherapy (cold treatment) device** which your physician recommends. _____
- ☐ **Discuss pain management with your physician**, if you have concerns or questions.
- ☐ **A Registered Nurse from the hospital or admissions will call you** between 3 PM and 7 PM the day before your scheduled surgery (or on Friday, if scheduled for Monday) to tell you your time and place to arrive at HSS; to discuss your specific preparations for surgery; and to answer any questions you may have. If you have not heard from the nurse by 7:00 pm the day before your scheduled procedure, please call 212-606-1154 or 212-606-1326; and tell them you are waiting for your pre-surgical phone call.
- ☐ **Follow fasting instructions** provided by the nurse during your telephone conference. Normally patients are not allowed to eat or drink anything after 12:00 midnight prior to surgery. If you are on medications for other medical problems, you will be advised what to take on the morning of surgery with sips of water. **If you are a diabetic**, do not take medication for it, unless instructed by your medical physician.
- ☐ **Wear loose, comfortable clothing and shoes.** You might want to wear or bring shorts or sweat pants to the hospital on the day of surgery.

(continued)



Pre-Operative Checklist, continued

- ☐ **Arrange for your escort and transportation home.** You can not drive yourself! Your surgery will be cancelled, unless this arrangement is clearly established when you arrive at HSS.
- ☐ **Leave all valuables at home,** including jewelry and money.
- ☐ **Review your post-operative exercises...**they begin on Page 18. Practice them, if you can. If your physician has given you exercises to strengthen your leg/knee before your surgery, do them faithfully according to instructions.
- ☐ **What arrangements for your physical therapy** at home do you need to make? Review this with your surgeon. Because going for physical therapy may require travel by car you will be better off if you learn about the rehabilitation facilities, their location and hours and financial requirements before your surgery.
- ☐ **First 48 hours at home:** If at all possible, arrange for someone to stay with you at home, or to be available for at least 48 hours in order to assist you with activities of daily living.

Do you have questions about these Pre-Operative Instructions, or want to make notes? You can jot them down here.



Introduction to Anesthesia

Prior to your surgery your anesthesiologist will see you to review your physical condition and to discuss the type of anesthesia you will receive. Most of our patients undergoing arthroscopic surgery have regional anesthesia. Today, approximately 98% of all ambulatory surgical procedures are carried out with the use of regional anesthesia. The alternative of general anesthesia is rarely used.

Overview of regional anesthesia: These four terms help clarify how regional anesthesia relates to your arthroscopic operation:

Anesthesia: the partial, or total loss of sensation in a body area or the whole body.

Anesthetic: the agent (drug) that induces anesthesia.

Local anesthetic: an anesthetic applied directly to a specific location, providing anesthesia (loss of sensation) to that immediate area.

Regional anesthetic: An anesthetic which produces anesthesia (loss of sensation) in the given region or area of your body containing the surgical site; in this case, in your leg requiring arthroscopic knee surgery. The regional anesthetic is applied remotely in a specific location (your spine for arthroscopic knee surgery) where it "blocks" a group of nerves that otherwise would carry sensations of pain from the surgery site.

Regional anesthesia is preferred over general anesthesia, which provides total loss of sensation in the whole body and also causes uncomfortable side effects, such as nausea, vomiting, sore throat and "hangover". It also requires a longer recovery time after surgery.

With regional anesthesia you will be more comfortable following surgery and can expect a smooth transition to your post-operative treatment of pain. It almost always leads to an earlier discharge from the hospital; thus its widespread use in ambulatory surgery.

Your regional anesthesia procedure

- **IV line inserted:** Before administering regional anesthetic it is necessary to have an intravenous (IV) line in place. Your IV line provides a route for fluids, medications, and antibiotics, as necessary, and for sedatives, including the one for your initial sedation.
- **Initial sedation:** Before receiving the injection for regional anesthesia you will be mildly sedated (via the IV) to reduce possible anxiety and tension, and to minimize pain from the local injection which paves the way for application of the regional anesthetic.
- **Administering regional anesthesia:** The goal is to ensure that you feel no discomfort from administration of the regional anesthetic which will anesthetize your leg and knee. The initial administration of anesthesia occurs over a period of about 30 minutes.

(continued, next page)



Your Regional Anesthesia Procedure, continued

- **Initial administration of regional anesthesia:** First, a very small amount of a local anesthetic is injected in your lower spine. Then a tiny tube called a catheter is inserted. This is usually performed while you lie on your side or in a sitting position. Because of the initial sedation and local anesthetic, you will feel very little discomfort as this is done. The regional anesthetic (a combined spinal/epidural anesthetic for arthroscopic knee surgery) is then injected through the catheter. You will gradually lose feeling in both your legs and be unable to move them until the anesthesia wears off after surgery. Shortly thereafter, you will be moved to the operating room.
- **What to expect during surgery with regional anesthesia:** In the operating room you are not left alone. You probably will be able to see the anesthesia team which always remains with you, monitoring your respiration, blood pressure, pulse, etc. They may ask how you feel and you may talk or ask questions. You may hear the surgical team talking, but a "curtain" will prevent you from seeing those at the surgical site. In any event, you will not feel the surgical procedure which usually takes about 45 minutes.
- **You may have the option of watching your arthroscopic surgery** on the same TV monitor used by the surgeons to guide their arthroscopic instruments.
- **Choosing to "sleep":** If you would be like to be completely unaware of the surgical procedure, tell your anesthesiologist when he/she first talks to you. You will be given a sedative through your IV line. You will wake up in the recovery room while your regional anesthesia wears off.
- **Your recovery:** In the recovery room your anesthesiologist and the recovery room team will be to monitor your safe transition from effects of anesthesia to readiness to go home. They will make sure that you can: (1) walk without feeling dizzy or lightheaded; (2) urinate without difficulty; (3) tolerate food and fluid; and (4) manage your pain.
- **Transition to pain medication after regional anesthesia:** Because the level of sedation and anesthesia are kept at the necessary minimum, you will be awake soon after surgery. The recovery room staff will give you pain medication for the initial discomfort as the anesthesia wears off. A cryotherapy device, which applies cold to control pain and swelling, and a brace will be put in place. However, most arthroscopic surgeries result in significant pain after the regional anesthesia finally wears off. Therefore, your surgeon will give you a prescription for a pain medication which you should get filled as soon as possible at your local pharmacy.
- **Don't try to "tough it out" with pain:** Take your pain medication before the pain becomes severe. You will rest more comfortably and be better able to carry on with your assigned exercise program, and the other physical activities which your surgery permits.



Your Day of Surgery

When you arrive at the HSS main lobby, the receptionist at the information desk will direct you to the operating room floor where your arthroscopic surgery will be performed. There, admitting assistants complete your admission process and give you an I.D. bracelet. You and designated companion (and other family members) stay in the waiting area until you are called to the pre-surgical unit. Then they may stay in a Family Waiting Room.

- **In the pre-surgical unit** you will be greeted by the nursing staff and change to a hospital gown. Your clothes and personal possessions will be labeled and held by the staff. If your surgery is in the Ambulatory Surgery Center (1st Floor), you will have a locker. Next, your temperature, pulse, respiration and blood pressure will be taken. Your knee will be shaved and washed with antiseptic soap.
- **When you are ready for surgery**, your medical team will introduce themselves to you. These include the nurse, physician's assistant, anesthesiologist, and assisting physicians. They will discuss aspects of your health, explain the procedures and answer any questions you may have.
- **"Sign your site."** Prior to surgery, your surgeon or resident will sign his/her initials on the knee to be operated on. Two other team members confirm the site before surgery.
- **An intravenous infusion (IV) will be started.** The IV line provides a route for fluids, medications, and antibiotics, as necessary, and also for sedatives.
- **The anesthesiologist will see you** prior to surgery in order to review your physical condition and discuss the anesthesia you will receive. Regional anesthesia, which is normally used for arthroscopic surgery, is fully reviewed on the previous two pages.
- **Initial sedation:** You will be mildly sedated (via the IV) to reduce possible anxiety and tension and to minimize pain from the regional anesthetic injection which follows.
- **Injection for regional anesthesia:** After the initial sedation followed by a local anesthetic which ensures that you will feel no pain or discomfort, the regional anesthesia injection is administered. You will gradually lose feeling in your legs. Shortly thereafter, you will be removed to the operating room.
- **In the operating room:** During surgery you may remain awake or be sedated. If awake, you may hear the operating team, answer questions about how you feel, and talk if you wish. When surgery is complete you will be moved to the recovery room.
- **In recovery room:** the nursing staff and your anesthesiologist will monitor your return to full awareness. You will receive pain medication for any discomfort as the anesthesia wears off. A cryotherapy device, which applies cold to control pain and swelling, and a brace will be put into place.
- **At the proper time, the IV will be removed.**
- **When ready, you will begin the activities outlined on the next page.**
- **You will also receive a detailed instruction sheet from your physician.**



Post-Operative Program before Going Home

Many patients go home the day of surgery. However, in special circumstances, your physician's post-surgery observation of your physical condition may make an overnight stay advisable.

When the Recovery Room staff and you feel you are ready, you will begin a series of activities which will prepare you for going home. These activities are important preparation for the successful rehabilitation of your knee at home.

- When you are ready, the cryotherapy device, if prescribed, will be removed from your knee.
- The physical therapist will assist you in getting up and instruct you in using an assistive device for walking:

Using crutches or a cane: Routinely, after arthroscopic surgery patients may find benefit from using crutches for a period of time ranging from two days to two weeks, depending upon your symptoms (pain, swelling, range of motion). A cane may also be provided to assist with your balance following arthroscopic surgery. You hold it in the hand opposite your operated leg. The majority of patients having arthroscopic surgery can put as much weight on their operated leg as they can tolerate.

Using your cane or crutches on stairs:

Upstairs:

- a) The **good leg** goes first.
- b) The **operated leg** goes second.
- c) The cane or crutches are last.



Downstairs:

- a) Cane or crutches go first.
- b) The **operated leg** goes next.
- c) The **good leg** goes last.



NOTE: Walking without an assistive device, such as crutches or a cane, is **NOT** encouraged in the immediate postoperative phase, as it may increase your knee pain and cause increased swelling. You are encouraged to continue using the assistive device until you can walk without a limp or pain.



Post-Op Program before Going Home, continued

- The physical therapist will ask you to demonstrate the exercises in Your Home Exercise Program, which begins on Page 14.
- You may be given written instructions from the nurse to follow post-operatively. Prescriptions for pain medication will be provided, and you will be asked to make an appointment with your physician.
- When ready, you will get dressed and go home! You will not be allowed to leave without someone to accompany you home. So plan accordingly.

Using cryotherapy during rehabilitation

You may already know the value of applying "cold" to injuries. Cryotherapy, the use of cold to treat your operated knee, is an important element of your post-operative rehabilitation. It can help decrease pain, reduce swelling and inflammation. It may be in the form of ice wrapped in bags or towels, commercial cold packs or compression cuffs.

You will receive instructions in cryotherapy treatment. Arrangements for cryotherapy equipment are made before surgery with your physician's office. In some cases, it will arrive in advance; in others, it will be given to you in the recovery room. Begin using it soon as possible after you arrive home and apply it after performing your exercises.

NOTE: Do not apply heat directly to your knee, as it may increase swelling and inflammation. You should continue cryotherapy until your pain, swelling and inflammation are gone.



A cryotherapy device in place



A bag of ice in use.

The towel under the foot helps keep knee straight. You may want to bend your knee to reduce pain, but it is important to maintain the full extension in your knee.



At Home after Your Arthroscopic Surgery

The length of time you must consciously focus on your knee will depend upon your personal goals, your general physical condition, and the nature of your individual surgery. The most critical period is the first few days and weeks, as you move toward resuming your goals. The emphasis will be on controlling and reducing the swelling of the knee joint. You will be guided by your physician and, when in physical therapy, by your physical therapist. On this and the following pages are instructions for managing your operated knee until you see your physician on your first follow-up visit. There you will receive new and/or additional instructions.

Medications: take as prescribed until advised to stop (usually after 3-4 weeks).

(Please put your "reminder" notes here.) _____

- Do **not** drink alcoholic beverages or take "street" drugs when taking pain medications.
- Take pain medication 30-45 minutes before performing exercises, if the exercises are painful. You can expect some discomfort at first, which will lessen as time goes on.
- **Do not drive a car** or operate heavy machinery when taking pain medications.

Common post-operative reactions

As you might expect, your body will react to your arthroscopic surgery in one or more ways. These are typical:

- Low grade fever (100.5°F) for a week.
- Small amount of blood or fluid leaking from the surgical site.
- Minimal to moderate bruising.

These reactions are normal, but **be ready to call your physician if any of the items in the box at right occurs.**

(If you are unable to reach your physician and the symptoms persist, please go to the nearest hospital emergency room, but contact your physician afterwards.)

When to call your physician:

- ◆ Fever of 101°F persists after one week or is much higher during the first week.
- ◆ Progressively increasing pain. (Pain normally should steadily decrease.)
- ◆ Excessive bleeding or oozing into the dressing.
- ◆ Reddened or painful calf.
- ◆ Persistent nausea and vomiting.
- ◆ Excessive dizziness.
- ◆ Persistent headache.
- ◆ Your anesthesia injection site is inflamed (reddened, swollen or oozes blood or fluid).



Your Initial Home Activities

Your initial home activities are focused on the combination of: (1) proper care and management of your operated knee; (2) performing necessary exercises; and (3) your becoming comfortable with your knee during this important period of care. Your physician may provide you with instructions that supplement, or change the ones here.

Surgical site care

- Keep the surgical area **clean and dry** at all times. Do not apply any ointments or put tight clothing over it.
- If you have steri-strips, leave them in place (although they may fall off on their own).
- Your sutures and remaining steri-strips will be removed during your first post-operative visit to your physician, which you should schedule when you return home.
- **Showering:** You may shower right away, if your knee remains dry (i.e. completely covered by wrapping a plastic bag around the knee and securing it with tape). Otherwise, you may shower on post-op day three when it will be okay to get your operated knee wet. This day may vary according to your individual physician.

Pain management

- Apply cryotherapy (cold therapy) to your knee for 20 minute intervals at least five times day, or as instructed by your physician. If using an ice pack, be sure to protect your skin by wrapping the ice pack in a thin towel before applying it to the area.
If you are using a cryocuff, you should NOT sleep with it on!
- Take your pain medication as prescribed by your physician. Do not take on an empty stomach. Take it before the pain becomes too severe. It will help reduce the pain sooner. **In the event that the pain medication does not work, or you are experiencing unpleasant side effects, do not hesitate to call your physician's office.** (Remember, if you are taking pain medication, you should AVOID alcoholic beverages and driving a car).
- Take your pain medication 30-45 minutes before doing your exercises, until you feel you can do them without the medication. Try exercising without medications every day or two.

When sitting

- If you have swelling or pain, use a stool to elevate your leg. Never put a pillow under the knee.



Your Home Exercise Program

Without question, your speed of recovery to your normal, desired range of motion and leg strength will depend upon how faithfully you follow your assigned exercise regime. It will have several phases related to weight bearing, developing leg/knee strength, and range of motion. Each phase will be initiated at the proper time by your physician or physical therapist. **Note:** Your exercises should not cause progressive or increasing pain. If this occurs, discuss it with your therapist and alter your exercise program accordingly. (You can, of course, take pain medication 30-45 minutes before exercising to cope with initial pain.)

Unless told otherwise, your initial home exercise program is illustrated on these pages:

Quad Sets:

- Lie on your back with your non-operated leg bent, so that your foot is flat on the bed. Place a small towel under your operated knee. **(This is for this exercise only).**
- Push the back of your **operated** knee down into the towel by tightening your thigh muscle. Do not let your heel come up as you tighten your quadriceps (i.e. straighten your knee). **Note:** If you experience any pain/discomfort when pushing your knee down, make the towel roll bigger to make it more comfortable.
- Hold each contraction for 10 seconds. Then rest 10 seconds between repetitions.
- Repeat 15 times, 3 to 5 times each day. (This takes only about five minutes each session.)



Leg Raising:

- Lie on your back with your non-operated leg bent to about 90 degrees, so that your foot is flat on the bed.
- Slowly lift and lower your **operated** leg to the height of your opposite knee, making sure you keep it straight the whole time.
- **Note:** If you have pain/discomfort with this, stop and then try again each day until you can perform this exercise correctly and pain free.
- Do 3 sets of 10 repetitions, 3 times each day.



Hip Abduction:

- Lie on your non-operated side. Now, keeping your operated leg straight, slowly lift and lower the operated leg.
- Do 3 sets of 10 repetitions, 3 times each day.





Your Home Exercise Program, continued

Active and active-assisted bending and straightening

Sit on the edge of a table or chair. Support your operated leg (red band) from behind with the other leg, as in No. 1, below. Place both hands on top of the involved thigh to stabilize your hip on the table, bed or chair. **Now do these 4 procedures in order:**

1. Keep your operated leg relaxed and slowly allow it to bend with the other leg assisting by supporting the operated leg from behind.



2. Now, let your operated leg dangle and gently bend it back by itself as far as you can tolerate.



3. Next, if possible, cross your other leg in front of your operated leg and use it to **GENTLY** bend your operated leg farther back. Hold for 10 seconds.



4. Finally, put the other leg behind the operated leg and use it to help straighten your operated knee, followed by using it to lower the operated leg to the starting position in No. 1, above.



Repeat this procedure 10 times, 3 times each day.



Frequently Asked Questions

Q: When can I return to driving?

When you are off crutches and off medication. However, you should consult with your physician first. If your operated knee is the right one, this will usually take usually 7-10 days. If your operated knee is your left one and you drive an automatic, then you may begin driving as soon as you are comfortable and you are sure you can manage both throttle and brake with your right leg. If you drive a standard shift (clutch), and your operated knee is the left one, then it may take a little longer. Confer with your physician and physical therapist.

Q: When should I start physical therapy?

Your home program is physical therapy and you must carry it out without delay or interruption. However, formal physical therapy may begin as early as post-op day one. Even before your arthroscopic surgery, you should be exploring your physical therapy options with your physician and pre-op therapist. HSS utilizes a Rehabilitation Network to insure optimum patient care.

Q: When can I return to work/school?

As soon as you are comfortable, perhaps in 3-4 days, if your work does not involve physical activity beyond walking, stairs, etc. Your doctor may be able to give you a better indication, based upon your individual circumstances: i.e.; do you need to drive yourself to work? If your work involves heavy labor or strenuous physical activity that may stress your operated knee, then explore this carefully with your physician.

Q: When will I be able to run?

Return to running is dictated by your lower extremity strength, pain and swelling. You will usually begin running between 6 and 8 weeks after surgery. In any case, you must consult with your physician first.

Q: When can I return to sports?

It depends upon your pace of rehabilitation and intensity of involvement. Generally, you can return to racket sports in around 2-3 months; and to other cutting and jumping sports in around 3-4 months. You must have your physician's permission and guidance.



Frequently Asked Questions, continued

Q: When can I stop using the crutches or cane?

When you can walk comfortably without pain or without a limp, unless directed to use crutches by your physician.

Q: When should I end cryotherapy?

When pain, inflammation and swelling are gone. However, another answer is "Never!". If you stress your operated knee again in any manner that causes swelling or continuing pain, you should immediately apply cryotherapy, even though you may take an analgesic, also.

Q: What if I think I have reinjured my operated knee?

Do **not** wait to see if it will heal itself. Call your physician to discuss the injury and, if needed, to make an appointment for evaluation. Most reinjuries are best dealt with right way, before undesirable healing occurs. Your physician will make a formal analysis of the "reinjury" and give you options or recommend a specific action or program to follow. If your doctor wants you to "wait and see", he/she will tell you so.

Add Your Own Questions Here!

You very likely will have questions regarding your own special situation. Please make note of them here as you think of them. Then use this as a reminder to ask your physician or physical therapist.

Q: _____

Q: _____

Q: _____

Q: _____



Achieving Ultimate Goals

You know better than anyone the impact on your lifestyle that your knee injury caused, especially if you were involved in sports. But now that your knee has been reconstructed by arthroscopic surgery and rehabilitation has begun, we suggest you focus on these thoughts:

Your operated knee will serve you well, if you work hard to restore and maintain your full range of motion and muscle strength. After your formal physical therapy is complete, your physical therapist and/or an athletic trainer can point out which exercises and exercise equipment can help most directly in achieving your personal goals.

However, to achieve your ultimate goals you will need time to develop confidence in your operated knee. Therefore, a staged conditioning program, which offers progressive improvement in function of your operated knee, is critical to reaching your goals.

In other words, a graduated program of increasingly challenging activities will help you achieve success. For example, progressing from running to racket sports to skiing.

Today is not too soon to consider which staged activities will contribute most to your goals and to begin planning your involvement. By beginning to outline your personal, graduated program now, you are assured of a faster return to using your operated knee confidently to regain the lifestyle you want.



Notes on Your Progress and Goals

Your Pathway
 to
 Recovery
 Endoscopic
 Surgery

**HOSPITAL
FOR
SPECIAL
SURGERY**



**Specialists
in Mobility**

HOSPITAL FOR SPECIAL SURGERY

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