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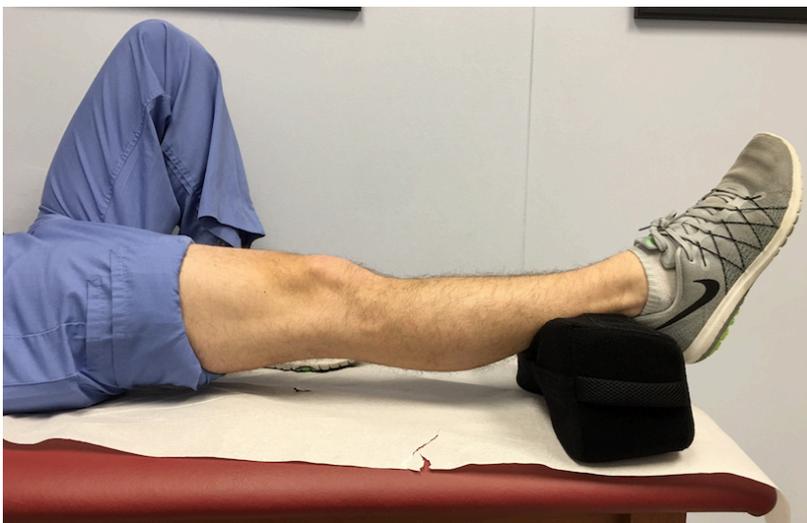
Initial Postoperative Knee Exercise and Treatment:

****Use this form if you have NO restrictions on weightbearing and there has been no meniscal repair and no motion restrictions.**

- Videos are available on Dr. Witty's website.
- These exercises can be started immediately after surgery to facilitate recovery and work together with your protocol

1) Heel Prop

- a. Prop bolster/bump underneath ankle to allow gravity to pull knee straight
- b. Bolster/bump can be made of anything soft, but should allow the ankle to be high enough to allow the knee to fall into extended (straight) position
- c. This may be performed as much and as long as patient comfort allows
 - i. Goal for at least 5 – 10 times per day for about 5 minutes each time
 - ii. In addition, whenever the patient is sitting, the patient should be performing the heel prop as described above.

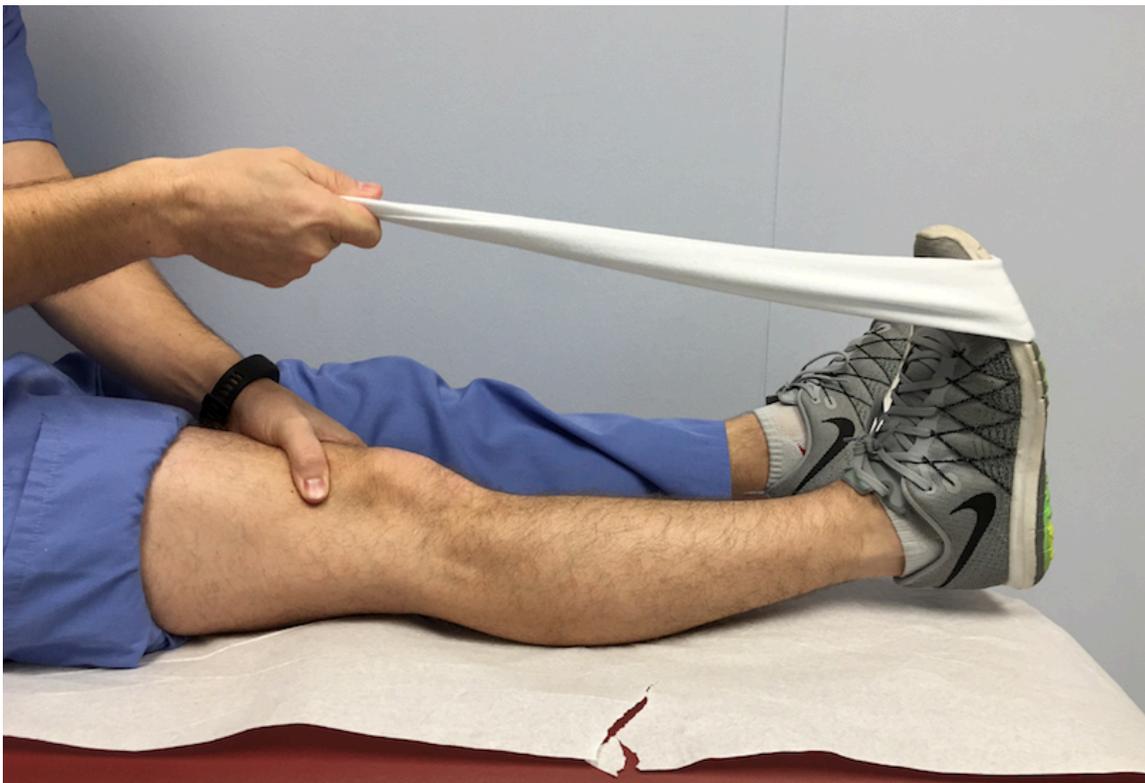


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2) Towel stretch for extension

- a. Use a towel or sheet that is long enough to reach the sole of the foot
- b. Place a hand just above the knee cap
- c. While the hand holds downward pressure stabilizing the knee, pull back on the towel to stretch the knee straight
- d. Most people will have some degree of hyperextension. This exercise allows the patient to regain that motion
- e. Perform at least 10 sets of 10 repetitions 5 – 10 times per day and hold for 5 – 10 seconds each time



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3) Towel stretch for flexion

- a. Place towel around leg just above the ankle
- b. Exercise can be done while seated in bed or on floor
- c. Wrap sheet or towel around leg just above ankle and pull to help stretch the knee as much as possible
 - i. PLEASE NOTE ANY POSTOPERATIVE PRECAUTION THE PHYSICIAN GIVES YOU REGARDING HOW MUCH KNEE MOTION YOU CAN DO
- d. Use of a sock may help decrease the friction on the floor or bed to allow the foot to slide more easily.
- e. Perform at least 5 – 10 times per day and hold for 1 minute each time

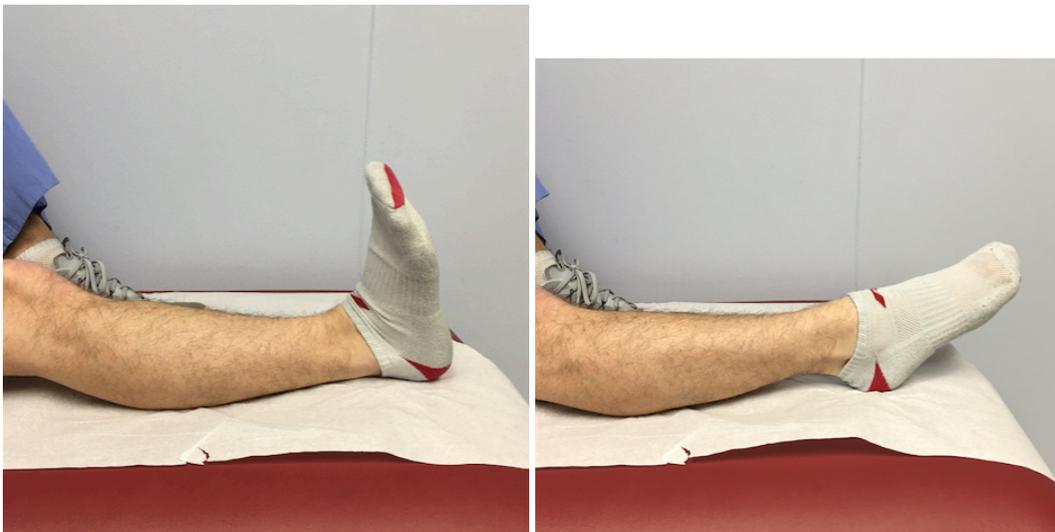


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4) Ankle Pumps

- a. Dorsiflex (pull ankle and foot toward your head) and plantarflex (push ankle and foot away from your head)
- b. Hold for a few seconds before moving foot the other direction.
- c. Do this exercise whenever you are performing the other exercises



5) Quadriceps sets

- a. Perform in seated position
- b. Keep operative leg straight and tighten thigh muscles so that the back of the knee is pushed down into the floor, bed, or table.
- c. Perform 4 - 5 times a day and work up to 100 repetitions by the end of the day

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6) Patella Mobilization

- a. With opposite hand push/stretch the knee cap toward your foot
 - i. To your left
 - ii. To your right
 - iii. Back toward your head



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- b. Massage space just above the patella. This is called the suprapatellar pouch



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7) Gravity assisted flexion, active assisted extension:

- a. Sit at the edge of a table or chair high enough that your foot doesn't touch the floor. Place bend of the knee just beyond the edge.
- b. Allow gravity to pull knee into flexion.



i.

- c. Use the opposite leg to help straighten the knee out against gravity



i.



ii.

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8) Straight leg raises

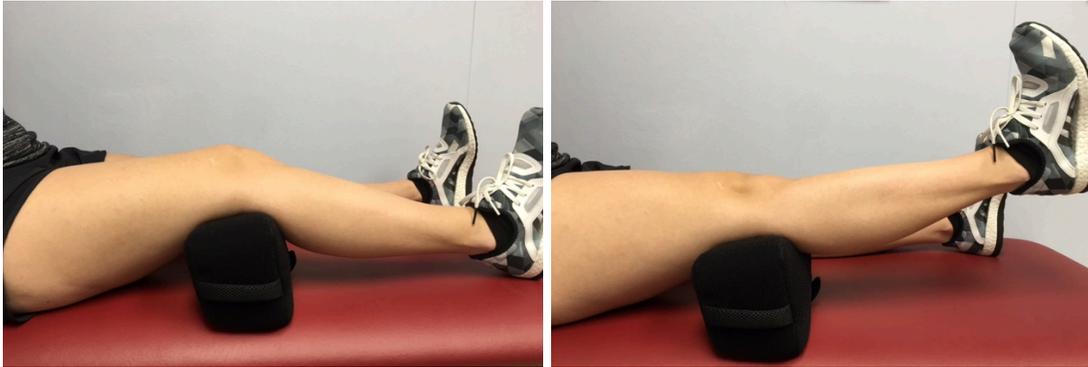
- a. Start with quad sets (see above). Once muscle starts to feel better you can start these exercises. If you still have difficulty holding knee straight without assistance, hold off on this exercise until your muscle strength and pain improve.
- b. If you have a hinged knee brace, perform this exercise with the brace LOCKED with the knee completely straight
- c. Once you are able to keep knee completely straight on its own, you can do the exercise without the brace
- d. Perform lying flat
- e. While keeping opposite knee bent for stability, slowly raise the injured leg against gravity about 1 foot off the surface and hold for about 3 seconds and then lower then leg back down
- f. Exercise 4 – 5 times a day with goal of 100 reps by the end of the day



9) Active Knee Extension

- a. Place a bump under the knee
- b. Slowly extend the knee until full extension is obtained and hold for a few seconds.
- c. Perform at least 3 times a day. 3 sets, 10 repetitions per set.
- d. The goal is to achieve equal extension compared to uninjured knee

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- 10) Weight shifting exercise**
- a. Once the knee is able to achieve full extension (can get all the way straight), the patient can start to perform weight shifts onto the operative knee
 - b. While standing, shift weight as tolerated onto the operative extremity while pushing the knee into the fully straight position.
 - c. Start by shifting only part of your weight on to the operative leg and gradually get to point where you can place all weight on operative leg.
 - d. Hold position for a few seconds and then shift back
 - e. Work on this during times when you are walking or standing throughout the day.
 - f. Perform with crutches for support and balance until cleared by therapist.

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- 11) Cryotherapy**
- You may have an ice pack, cyro (ice water) sleeve, or a pneumatic cryocompression device
 - For ice packs, place a thin face towel over surgical area and apply the ice pack on top of knee. The towel serves to prevent any burns from the cold and keep the condensation from wetting any dressings
 - Non-compression ice cuffs can be applied in a similar manner. Be sure to change the ice water out to keep it cold
 - For pneumatic cryocompression devices, please refer to the company representative for instructions on use
 - Typically 20 – 30 min on and the 20 – 30 min off, but can keep on longer if tolerated well. If using the compression device, do so on low pressure for the first 2 weeks.

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- f. **NOTE!** If you have had a nerve block for postoperative pain control, monitor the skin closely to avoid any excessive cooling.