



Indiana University Health

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Sports Medicine and Arthroscopic Surgery
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Knee Arthroscopy: meniscectomy, chondroplasty, plica resection, etc *(Updated 1/2025)*

General Post Op Instructions

Wound Care	<ul style="list-style-type: none">✓ Dressings can be removed 2 days after surgery, or they can be removed at the first physical therapy appointment✓ If desired, incisions may be covered with simple dressings (band-aids)
Swelling	→ Swelling and bruising are to be expected after a surgical procedure
Ice and Elevate	<ul style="list-style-type: none">✓ Ice 20 minutes on 20 minutes off, several times a day to help with swelling✓ Do not place ice or cold back directly onto the skin✓ Elevate the limb above the heart when able
Showering	<ul style="list-style-type: none">→ Do not soak incisions in water until after stitches are removed→ You may begin to shower 2 days after surgery after dressings are removed<ul style="list-style-type: none">○ Allow soapy water to run over the incision but do not scrub○ Dry, apply band-aids if needed
Driving	<ul style="list-style-type: none">✓ Dr. Call does not release patients to drive at a specific date or week post op✓ It is unlawful to drive under the influence of opioid (strong pain) medications✓ Must be able to safely apply the brakes before returning to drive✓ Driving in a brace/sling/boot is not recommended

Weight Bearing Restrictions and Brace Use

Week 0+	<ul style="list-style-type: none">✓ WBAT with crutch use, no brace✓ Use 2 crutches for 3-5 days, then wean to 1 crutch as pain and edema decrease. Eliminate crutch only when no gait deviation, edema under control. Do not be up on your feet too much. Pump your ankles and move your knee regularly. Perform exercises as instructed by your physical therapist.✓ Progression of protocol is based on patient tolerance, pain, edema and neuromuscular control. Protocol may be slowed down for the older, non-athletic population, or accelerated to meet athletic requirements
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Immediate Post Operative Phase (up to week 4)

Overall Goals	✓ Decrease pain and inflammation ✓ Stimulate quad function ✓ Attain full ROM
Cautions	→ Expectations of rapid recovery
Range of Motion	✓ ROM as tolerated ✓ Seated PROM/AROM with opposite extremity; progress as tolerated
Therapeutic Suggestions	→ Ankle pumps → Quad sets; straight leg raises, mini squats, wall squats when able → Patellar Mobs → Balance activities → Hip strengthening/IT band stretches → Encourage appropriate gait mechanics → Any modalities as directed by the Physical Therapist
Progression Ready to Next Phase	✓ Appropriate gait ✓ Minimal pain and effusion

Intermediate Rehabilitation Phase (Weeks 5 – 8)

Overall Goals	✓ Return to activities
Cautions	→ Gait deviations; ensure proper gait mechanics
Range of Motion	✓ No restrictions
Therapeutic Suggestions	→ Progress strengthening → Lunge matrix → Unilateral mini squats → Initiate low level plyometrics → Other appropriate modalities as directed by the physical therapist
Return to Activities	✓ As tolerated ✓ Discretion of therapist