

**PHYSIOTHERAPY PATHWAY
WAHT-TP-011**

This protocol does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

**Orthopaedic pathway
General Arthroscopic Procedures of the Knee**

Owner:	Benjamin Thomas Physiotherapy and Orthotics Manager
Approved by	Therapies Clinical Governance Group
Approval Date	18 th August 2023
Review Date	18 th August 2026 This is the most current document and should be used until a revised version is in place

Key Amendments

Date	Amendments	Approved by:
25 th January 2023	Document extended to 30 th June 2023 whilst under review.	Dr J Trevelyan/ Benjamin Thomas
18 th August 2023	Document reviewed and approved for three years	Therapies Clinical Governance Group

Pre-Operatively or Immediately Post Operatively

On ward or day case unit:

- a) Patient is issued an information leaflet by Physiotherapist, Physiotherapy assistant or nurse, and given a chance to ask questions.

Routine arthroscopies should not need to be seen post-op by a therapist, they should be able to FWB and should not require any walking aid.

If the nursing staff have any concerns they may contact the physio post-op to assess the patient and they should be aware on the day units of those patients that may require physio as an out-patient.

On the wards it is the responsibility of the physio to check post-op notes to see if follow-up physio is required.

- b) Physiotherapy follow-up appointments following arthroscopy are as follows:-

- All Trust Sites
- Follow up appointment for arthroscopy is routinely only arranged for the following procedures
 - Lateral Release - exercises in the arthroscopy booklet are restricted to those with an asterix until reviewed by out-patient physio
 - Micro Fracture
 - Meniscal Suturing
 - Osteochondral Transfer
 - Patella shaving
 - Plicectomy

Meniscal Suturing/Repair

Do not force flex beyond 90 degrees in the first 6 weeks after surgery. Especially in the weight-bearing situation as this may cause the Meniscus to move and put tension on the sutures.

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Some patients would go into a hinged knee brace restricted at 90 degrees for 6-12 weeks (check post-op notes) but some consultants are happy for you to just advise the patient not to bend past 90 degrees but if you are worried about compliance then consider a brace.

- Mr Mathur Routinely brace
- Mr Pearse Routinely Brace and may have restricted weight bearing

You need to check the post-op notes for weight bearing status as this varies between consultants.

Otherwise can follow all the exercises in the arthroscopy booklet and will need out-patient physio arranging.

Microfracture

There is a separate protocol for micro fracture procedures.

Trochlear Fracture

Full weight bearing – no resisted quads for 6 weeks.

Osteochondral Transfer

Plugs of cartilage are moved to correct the defect using plugs taken from an unaffected non weight-bearing surface. Check op notes for specific instructions

Post-op

- Check post-op notes to confirm any restrictions or specific instructions
- Weight bearing status will be governed by site of defect and should be documented in the post-op notes
- No sport – 3 months.

Tibial Tubercle Transfer

Post-op

- ROM Brace with graduated flexion allowed over 6 week, check op-notes for specific details.

Day 1

- Check chest
- Maintenance exercises (SQ)
- Gentle active flexion on sliding board if allowed from op-notes, often passive flexion exercises are allowed but brace must be locked at all other times.
- Cricket Splint to mobilise (or ROM Brace locked in extension gives better fit).
- Mobilise patient with weight bearing as per op-notes.

Mr Pearse patients

- Put patient into ROM knee brace set hinges at 0-90 but lock in extension for 4 weeks
- Unlock brace to allow PASSIVE Flexion exercises but must be locked at all other times.
- Quads contraction in the brace but no SLR
- From 4 weeks unlock the extension and allow active ROM 0-90

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- Unrestricted active ROM from 6 weeks.
- NWB 2/52 but check op notes for weight bearing status
- TTWB/PWB further 4 weeks
- Full ROM and FWB after 6 weeks

Discharge

- Stairs assessment
- Discharge home when safe.
- Out patient Physiotherapy appointment is needed
- No resisted quads
- Retain the cricket splint for 1 month, or until full quads control

High Tibial Osteotomy

- Weight-bearing dependent upon op-notes
- Mr Pearse patients usually PWB for 6/52 unless otherwise written in the notes
- Full active ROM asap
- Refer for out-patient physiotherapy on discharge

Distal Femoral Osteotomy

- Cricket pad post-op (Mr Pearse ROM Brace 0-90)
- Quads activation in the splint but no SLR for 2 weeks
- Passive ROM for 4 weeks progressing to active ROM slowly (Mr Pearse only 2/52 passive)
- NWB until review in clinic at 6 weeks

Autologous Chondrocyte Implantation

- There is now a separate protocol for this procedure.