

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
Manipulation under anaesthetic 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
23 rd June 2023	Document extended for another 3 months whilst under review.	Benjamin Thomas
18 th August 2023	Document reviewed and approved for 3 years	Therapies Clinical Governance Group

Indicated:

When flexion is limited due to stiffness / post-op adhesions.

Aims:

To achieve full range of movements.

Post-op Physiotherapy:

- Ice should be applied intermittently throughout the day.
- Continuous passive motion machine, fitted in recovery or as soon as they return to the ward.
- Active knee exercises should be encouraged.
- Patient should be given an exercise sheet.
- Discharge is usually after 1 – 3 days (depending on range gained) with immediate outpatients physiotherapy follow-up.
- Patient should NOT be discharged until range of movement is the same as that achieved during manipulation under anaesthetic, unless discussed with Consultant.
- Patient should NOT be discharged until Out Patient Physiotherapy has been arranged where possible for the following day.