GL-PHYS-8  Knee Arthroscopy  ISSUE DATE: 08/11/12
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1.0 Policy Statement

1.1 It is the policy of Cappagh National Orthopaedic Hospital to provide a patient focused physiotherapy service delivered by chartered physiotherapists and support staff working in a well-equipped environment.

1.2 It is the policy of Cappagh National Orthopaedic Hospital to provide health professionals and the public with the necessary advice and guidance on physiotherapy rehabilitation.

2.0 Purpose

2.1 The purpose of this guideline is to advise health professionals and patients on the physiotherapy rehabilitation of a person undergoing a Knee Arthroscopy.

3.0 Scope

3.1 This guideline applies to all staff involved in the care of a person undergoing a Knee Arthroscopy, community staff involved in the pre and post-operative care of the patient, the patient and their family.

4.0 Health & Safety

4.1 There are health and safety risks involved in patient care, namely risk of physical injury to patient and staff, risk of infection.

4.2 Physiotherapists have the necessary qualifications and clinical experience to carry out this guideline and to supervise unqualified support staff.

4.3 They must be eligible for membership of their professional body, the Irish Society of Chartered Physiotherapists (ISCP).

4.4 They undertake mandatory manual handling, basic life support training, fire safety, infection prevention and control and risk management.

4.5 They complete a minimum of 100 hours continuing professional development every three years as required by the ISCP.

5.0 Responsibilities

5.1 It is the responsibility of physiotherapists to implement this guideline.

6.0 Definitions and Abbreviations

Arthroscopy is a minimally invasive surgical procedure in which an examination and sometimes treatment of damage of the interior of a joint is performed using an arthroscope that is inserted into the joint through a small incision.
7.0 Guideline
This guideline refers to a routine knee arthroscopy. This can be for diagnostic purposes, removal of loose body, washout or partial menisectomy and would commonly be performed as a day procedure.

This guideline may differ from more invasive arthroscopic procedures, which require individual instruction from the surgeon.

This guideline may differ with the personal preferences of individual consultants.

7.1 Pre-Operative
7.1.1 Assessment as appropriate.

7.1.2 Advice regarding management of swelling with ice and elevation.

7.1.3 Home exercise programme as soon as comfortable - to include isometric and inner range quadriceps, straight leg raises, hamstring curls, range of motion.

7.1.4 Advise to walk only as comfortable in the first 24 hours and build up as comfortable - crutches are rarely required.

7.2 Post-Operative (if patient admitted)
7.2.1 Review operation notes and post-operative physiotherapy and mobility instructions.

7.2.2 Mobilise

7.2.3 Ice / elevation.

7.2.4 Commence exercise programme.

7.2.5 Issue home exercise programme and advice sheet (Appendix 9.1).

7.2.6 Out patient follow up at discretion of physiotherapist.

8.0 Related Documents
Individual Physio tools exercise sheets

9.0 Appendices
N/A

10.0 References
N/A

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- Commence the home program as soon as comfortable. Usually within the first 24 hours following the procedure.

- Use an ice pack if the knee is painful or swollen. See instructions on your exercise sheet. Elevating the leg when resting will also help reduce any swelling.

- Repeat the exercises twice a day until reviewed by your surgeon. If you require more physiotherapy input at that time, your surgeon can refer you to a local physiotherapy service.

- You do not routinely require crutches after a knee arthroscopy/ scope. Build up your walking distance as comfortable.

- You will be instructed by the nursing staff when to take down the dressing on your knee.

- Contact the physiotherapy service on 01 8140 462 if you have any concerns regarding your exercise program.