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Physiotherapy management of meniscal repair- A post-surgical affair

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Mensical repair remains as a challenge in rehabilitation, simply because of the limited blood supply it recieves and also the additional forces which plays along post surgery. It is of prime importance to replace the graft and sutures in the right anatomic manner as it becomes the chief cornerstone for rehabilitation of a repaired meniscus. The goal of rehabilitation in an athlete is to restore function based on individual needs, considering the type of surgical procedure, which meniscus was repaired, the presence of coexisting knee pathology (particularly ligamentous laxity or articular cartilage degeneration), the type of meniscal tear, the patient's age, preoperative knee status (including time between injury and surgery), decreased range of motion or strength, and the patient's athletic expectations and motivations. Progressive weight bearing and joint stress are necessary to enhance the functionality of the meniscal repair; however, excessive shear forces may be disruptive. Prolonged knee immobilization after surgery can result in the rapid development of muscular atrophy and greater delays in functional recovery. Clinicians who rehabilitate patients with meniscal injuries should be familiar with normal meniscal anatomy, physiology, and biomechanics as they apply to surgery and rehabilitation. Historically, the lack of appreciation for normal meniscal function resulted in total surgical removal, prompting a proliferation of knee joint OA. Innovations in surgical techniques have led to increased meniscal tissue preservation to minimize the long-term sequelae after injury. Well-designed, longitudinal studies of surgical and rehabilitation outcomes are imperative to determine the actual efficacy of any of these procedures with regard to patient function and satisfaction.

Biography

Paul George is a Post-graduate in Musculoskeletal Physiotherapy from Sheffield Hallam University, in Sheffield UK and is currently working as a Musculoskeletal Physiotherapist in Dubai Hospital. Prior to the current job, he was working for The Royal London Hospital, NHS London, as a Clinical Physiotherapist and as a Lecturer. He has presented research papers in two different international conferences one of which was the International Emirates Physiotherapy Conference held in Dubai in the year 2008. He is a member of Chartered Society of Physiotherapists, UK.

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