



**Kalyani's  
Knee & Shoulder  
Clinic**

**कल्याणी घुटना एवम कंधा क्लिनिक**

# Rehabilitation Services

**Recovery, Strength & Safe Return to  
Activity**

Patient Awareness | Knee, Shoulder, Sports Injury & Post-Operative  
Rehab

**Appointments: 9554066663 | 9554066664 | 9219200378**

**Address: Umaraha Market, Varanasi**

**What is rehabilitation?** Rehabilitation is a planned recovery programme that restores movement, strength, balance, confidence and function after injury, surgery, pain or stiffness. It is not just exercise - it is structured, supervised and goal-based treatment.

**Why early rehab matters:** Early and correct rehabilitation prevents stiffness, muscle wasting, weakness, poor walking pattern, repeated injury and delayed return to work or sport. At Kalyani's Knee & Shoulder Clinic, rehab is planned according to diagnosis, surgery type, tissue healing and patient goals.

## Who needs rehabilitation?

- Patients recovering from knee, shoulder, spine or sports injuries.
- Patients after arthroscopy, ligament reconstruction, meniscus repair, rotator cuff repair or joint replacement.
- Patients with pain, stiffness, swelling, weakness or reduced movement.
- Patients with difficulty walking, climbing stairs, squatting, lifting the arm or returning to sport.
- Patients with repeated sprain, instability, poor balance or fear of re-injury.
- Elderly patients needing safe mobility, fall prevention and strength training.

## Goals of rehab

- Reduce pain, swelling and inflammation.
- Restore full and safe range of motion.
- Rebuild muscle strength and endurance.
- Improve balance, coordination and joint control.
- Correct posture, walking pattern and movement technique.
- Protect repaired tissues while they heal.
- Help safe return to work, daily activity, gym and sport.

## Early warning signs needing review

- Increasing pain or swelling during rehab.
- Fever, wound discharge, redness or calf pain after surgery.
- New numbness, weakness, giving way or locking.
- Breathlessness, chest pain or sudden severe pain.
- Pain that prevents sleep, walking or basic daily function.

## Rehab services at Kalyani's

**Assessment:** pain, swelling, movement, muscle strength, walking pattern, balance and functional limitations are evaluated.

**Personalised plan:** exercises are selected according to the diagnosis, age, surgical procedure and healing stage.

**Pain control support:** ice/heat advice, activity modification, bracing/taping and safe medicines/injections when advised by doctor.

**Supervised progression:** rehab advances step-by-step from protection to mobility, strength, function and return to activity.

**Education:** patients learn what to do, what to avoid, how to use brace/crutches and when to seek help.

## Why supervised rehab is safer

**Too little rehab:** can cause stiffness, weakness and delayed recovery.

**Too much too early:** can overload repaired tissues and increase swelling or failure risk.

**Correct timing:** weight-bearing, bending, lifting and sport drills must match tissue healing.

**Clear milestones:** progression is based on pain, swelling, movement, strength and control.

## Special focus: knee rehabilitation

| Knee condition            | Rehab focus                                                                                            | Important caution                                                             |
|---------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| ACL / ligament rehab      | Swelling control, full extension, quadriceps activation, strength, balance and return-to-sport drills. | Do not rush pivoting or sports before strength and control are restored.      |
| Meniscus repair rehab     | Protected weight-bearing/flexion as advised, gradual motion and strengthening.                         | Repair needs protection; deep squatting/twisting may be restricted initially. |
| Knee replacement rehab    | Pain control, knee bending/straightening, walking, stairs, gait and daily activity training.           | Regular exercises are essential to avoid stiffness and improve function.      |
| Patellofemoral pain rehab | Hip/core strength, quadriceps control, kneecap tracking, stretching and load management.               | Avoid sudden increase in stairs, squats or running load.                      |
| Cartilage/arthritis rehab | Low-impact strengthening, weight control, flexibility and joint-protection training.                   | Goal is pain control, mobility and delaying deterioration.                    |

## Special focus: shoulder rehabilitation

| Shoulder condition           | Rehab focus                                                                          | Important caution                                                    |
|------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Rotator cuff injury/repair   | Pain control, protected movement, scapular control and gradual strengthening.        | Avoid lifting too early after repair; tendon healing takes time.     |
| Frozen shoulder              | Pain control, gentle stretching, capsular mobility and guided home exercises.        | Aggressive painful stretching may worsen symptoms.                   |
| Shoulder dislocation         | Stability training, rotator cuff/scapular strengthening and return-to-sport control. | Repeated dislocation needs specialist review for labrum/bone injury. |
| SLAP/biceps problems         | Shoulder blade control, cuff strength, throwing/gym technique and gradual loading.   | Overhead loading should be staged carefully.                         |
| Reverse shoulder replacement | Safe movement, deltoid strengthening, posture and functional reach training.         | Avoid sudden heavy lifting and falls.                                |

## Post-operative rehabilitation

- Rehab protocol changes according to surgery: ACL, meniscus repair, cuff repair, arthroscopy, joint replacement or tendon transfer.
- The first aim is protection of repair, pain control and swelling reduction.
- Then movement, strength and function are restored in phases.
- Return to work, driving, gym or sport should be cleared by the surgeon/rehab team.
- Home exercises are important, but supervised follow-up helps avoid wrong technique and overloading.

# Phases of rehabilitation

| Phase                    | What is done                                                                     | Main purpose                                    |
|--------------------------|----------------------------------------------------------------------------------|-------------------------------------------------|
| Phase 1: Protection      | Pain/swelling control, brace/crutch/sling guidance, safe movement.               | Protect healing tissue and avoid complications. |
| Phase 2: Mobility        | Restore range of motion, flexibility and gentle muscle activation.               | Prevent stiffness and improve joint movement.   |
| Phase 3: Strength        | Progressive strengthening of key muscles and endurance training.                 | Restore support around knee/shoulder/spine.     |
| Phase 4: Balance/control | Proprioception, neuromuscular control, gait correction and movement quality.     | Reduce giving way and re-injury risk.           |
| Phase 5: Function/sport  | Stairs, squatting, lifting, jogging, landing, throwing or sport-specific drills. | Safe return to work, gym and sport.             |

## Treatment options used in rehab

### Clinic-based rehab

- Joint mobilisation and guided range-of-motion exercises.
- Strengthening for quadriceps, hamstrings, hip, core, rotator cuff and scapular muscles.
- Balance, gait training and functional retraining.
- Posture, ergonomics and sport/gym technique correction.
- Brace, sling, crutch and taping guidance when needed.

### Home programme and monitoring

- Simple home exercises with clear do's and don'ts.
- Ice/heat, elevation and swelling-control advice.
- Daily activity modification and safe progression plan.
- Follow-up checks for pain, swelling, motion and strength.
- Return-to-work or return-to-sport plan based on milestones.

## Return-to-activity milestones

| Activity         | Needed before return                                     | Warning sign                                    |
|------------------|----------------------------------------------------------|-------------------------------------------------|
| Walking          | Good pain control, safe balance and correct gait.        | No limping or increasing swelling.              |
| Stairs/squatting | Adequate knee bending, strength and control.             | No sharp pain, locking or instability.          |
| Driving/work     | Reaction time, comfort, strength and safety.             | Doctor clearance after surgery or major injury. |
| Gym/running      | Strength and movement control restored.                  | Gradual loading without swelling flare.         |
| Sport            | Agility, landing/cutting/throwing drills and confidence. | Objective testing and specialist clearance.     |

# Patient guide for better rehab results

| Area        | Key point                                                                | Patient action                                |
|-------------|--------------------------------------------------------------------------|-----------------------------------------------|
| Pain        | Mild exercise discomfort can be acceptable, but sharp pain is a warning. | Report increasing pain or night pain.         |
| Swelling    | Swelling means the joint is irritated or overloaded.                     | Reduce load and seek review if persistent.    |
| Consistency | Small daily exercises are better than occasional over-exercise.          | Follow the plan regularly.                    |
| Technique   | Wrong technique can delay recovery or cause re-injury.                   | Learn exercises correctly under supervision.  |
| Progression | Rehab must progress step-by-step.                                        | Do not jump directly to sport/gym loads.      |
| Follow-up   | Review helps modify exercises and detect problems early.                 | Attend scheduled visits after surgery/injury. |

## Common mistakes to avoid

- Stopping exercises as soon as pain reduces.
- Doing too many exercises too early after repair surgery.
- Ignoring swelling, locking, giving way or increasing pain.
- Returning to sport before strength and balance have recovered.
- Using YouTube/gym exercises without knowing whether they suit the injury.
- Skipping follow-up after surgery or major sports injury.

**Key message:** Rehabilitation is a treatment, not just exercise. The right rehab at the right time reduces pain, protects healing tissues, restores strength and helps patients return safely to daily life, work and sport.

### Kalyani's Knee & Shoulder Clinic

Rehab for knee, shoulder, sports injury, arthroscopy, post-operative recovery and return-to-sport guidance

**Call: 9554066663 | 9554066664 | 9219200378**

**Address: Umaraha Market, Varanasi**

Note: This handout is for patient education only. Final rehabilitation protocol should be individualised after doctor/rehab assessment, diagnosis, surgery type, healing stage and patient goals.