



Cold Therapy Information

What is Cold Therapy?

Cold therapy is the use of ice or cold to reduce pain, inflammation, swelling and spasm from an injury or after surgery. Cold therapy can be applied with a bag of ice, an ice pack, gel pack, cold compress or by using a specialized Cold Therapy Unit.

Cold therapy is used as part of rehabilitation after knee, shoulder and ankle surgeries, such as arthroscopy, anterior cruciate ligament (ACL) reconstruction, shoulder reconstruction or rotator cuff repair.¹

What does it do?

Cold therapy slows down the blood flow to an injured area. Research has shown that cold therapy decreases pain, inflammation, swelling, blood loss, and medication use after surgery.²

WHEN To Use Cold Therapy	WHAT Do We Recommend?	HOW OFTEN To Use Cold Therapy
> For the first 3 months after surgery	> bag of ice / ice pack / gel pack / cold compress	First 5 - 7 days - minimum 5 x per day for 20 minutes*
> When experiencing pain and swelling	> Kodiak Cold Therapy Unit	After 7 days - as needed
> After therapy and exercise sessions	> Polar Care Wave Compression Cold Therapy Unit	*up to 5 hours if using a Cold Therapy Unit

To prevent skin injury when using cold therapy, it is essential that you protect your skin by using a cloth or towel.
Always carefully follow the specific Cold Therapy Unit instructions

Where can I buy a cold therapy unit?

You can order a Cold Therapy Unit, complete with a knee or shoulder pad, through our website. Visit <https://banffsportmed.ca/shop/> or scan the QR code.

Alternatively, you can purchase a Cold Therapy Unit from your local healthcare provider or from an online health supply store.

We recommend that you buy your Cold Therapy Unit at least two weeks before your surgery to make sure that you have it delivered in time.



¹ Raynor MC, Pietrobon R, Guller U, Higgins LD. Cryotherapy after ACL reconstruction: a meta-analysis. J Knee Surg. 2005 Apr;18(2):123-9.
² Wilke B, Weiner RD. Postoperative cryotherapy: risks versus benefits of continuous-flow cryotherapy units. Clin Podiatr Med Surg. 2003 Apr;20(2):307-22.