POSTOPERATIVE KNEE ARTHROSCOPY REHAB PROTOCOL
Last Modified: Oct 2012

General Guidelines

- The program will be individualized to the needs of the patient, specific pathology and pre/post-op condition and may include optional treatments and modalities per the discretion of the therapist.
- Patients non-compliant with home exercise programs will be treated in-clinic three times per week.
- Rehabilitation will require five to fourteen visits.

Pre-Arthroscopy

- Fit for crutches and instruct in use
- Isokinetic tests/Functional tests when appropriate
- Instruct in postoperative exercise program

Post-arthroscopy (meniscectomy, loose body removal, plica excision)

- **Phase I: Suggested Exercises**
  - Patient is Weight Bearing As Tolerated (WBAT)
  - Stretching (e.g. hamstrings, gastroc/soleus, hip flexors)
  - Active range of motion (AROM)
  - 4-way SLR
  - Quad sets, gluteal sets
  - Ankle pumps
  - Ice, Compression, Elevation (I.C.E.)
  - Muscle stimulation, biofeedback if needed
  - Bicycle within available ROM
  - D/C electrical stimulation when no quad lag
• **Phase II**
  • **Criteria**
    • Independent ambulation with assistive device as needed, full weight bearing (FWB)
    • AROM ($0^\circ$-$110^\circ$)
    • Independent straight leg raise
    • Mild/No swelling
  • **Suggested progression**
    • Continue strengthening and stretching exercises from Phase I
    • Basic closed chain exercises, limited to 110 degree (e.g. mini squats, mini lunges, total Gym)
    • Advanced closed-chain exercises (e.g. Fitter, Shuttle)
    • Aerobic exercises (e.g. bike, treadmill, NordicTrac, stairclimber, swimming)
    • Proprioceptive exercise (e.g. BAPS board, ground stars)

• **Phase III**
  • **Criteria**
    • Straight leg raise without quad lag
    • Strength 4/5
    • No apprehension with single leg hop on involved leg
    • Able to balance on involved leg and reach with uninvolved leg 80% of distance reached with opposite leg
  • **Suggested progression**
    • Continue strengthening and stretching exercises from Phase II
    • Slow form jogging/running
    • Weight strengthening program
    • Sport specific training – lateral stepping, cariocas

• **Phase IV: Return to sports/discharge**
  • **Criteria**
    • Full/functional AROM
    • Independent ambulation without deviation
    • No swelling
    • $>80\%$ quadriceps and $85\%$ hamstring strength (BIODEX test)
  • **Suggested progression**
    • Plyometrics
    • Advanced sport/activity specific training

**Post-diagnostic arthroscopy**

• Post-arthroscopy protocol with the following considerations:
  • Faster progression of exercises
  • Program may be varied based on the diagnosis (e.g. ACL tear, PCL tear)
Post-arthroscopy with lateral release

- Post-arthroscopy protocol with the following considerations:
  - Control swelling
  - Slower progression of exercises
  - VMO emphasis
  - Flexibility of ITB and lateral retinaculum

Arthroscopic debridement*

- Post-arthroscopy with the following considerations:
  - CPM use if available
  - Avoid resisted exercise through the full ROM

*In cases of debridement with chondroplasty, progression will be slower and weight bearing will be resumed when indicated by the orthopedic surgeon.

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