

phil h. berry, jr., m.d.
miguel a. hernandez, III, m.d.
ray f. aronowitz, m.d.
david a. heck, m.d.
zachary kelley, m.d.
alexander cho, m.d.
jason k. lowry, md
jon e. nathanson, d.p.m.



810 north zang blvd.
dallas, tx 75208-4233
telephone (214) 941-4243
fax (214) 941-1153

www.TheBoneDocs.com
www.jasonlowrymd.com

2800 east broad st, suite 510
mansfield, tx 76063
telephone (817) 453-3500
fax (817) 453-3820

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° - 110°)
 - 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.

A handwritten signature in purple ink, appearing to read 'J. Lowry', with a stylized flourish at the end.

Jason K. Lowry, MD