



ARLINGTON ORTHOPEDIC
ASSOCIATES, P.A.

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POSTOPERATIVE KNEE ARTHROSCOPY REHAB PROTOCOL

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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 (00 -1100)
 - 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 uninjured 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-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. K. Lowry, MD". The signature is stylized and cursive.

Jason K. Lowry, MD