REHABILITATION GUIDELINES FOR  
KNEE ARTHROSCOPY  
(INCLUDING PARTIAL MENISCETOMY, ARTICULAR CARTILAGE DEBRIDEMENT  
AND/OR PICA EXCISION)

The rehabilitation guidelines are presented in a criterion based progression. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance and injury severity. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction.

Specific attention must be given to impairments that caused the initial problem. For example if the patient is s/p partial medial meniscectomy and they have a varus alignment, post-operative rehabilitation should include correcting muscle imbalances or postures that create medial compartment stress.

**PHASE I (surgery to ~2-3 weeks) DOS:**

| APPOINTMENTS | Meet with the Physician at:  
| Begin Physical Therapy 3-5 days post op. |
| REHAB GOALS | 1. Protection of the post-surgical knee.  
| 2. Restore normal knee range of motion.  
| 3. Normalize gait.  
| 4. Eliminate effusion.  
| 5. Restore leg control. |
| PRECAUTIONS | 1. Use axillary crutches for normal gait.  
| 2. Avoid impact exercises for the first 4-6 weeks if the articular cartilage was debrided. |
| ROM EXERCISES | Knee extensions on a bolster.  
| Prone hangs.  
| Supine wall slides.  
| Heel slides. |
| SUGGESTED THERAPEUTIC EXERCISE | Quad sets.  
| Isometric wall press.  
| 4 way leg lifts in standing for balance and hip strength.  
| Gait drills. |
| CARDIOVASCULAR EXERCISE | Upper body circuit training or UBE |
| PROGRESSION CRITERIA | 1. Normal gait.  
| 2. No effusion.  
| 3. Full knee ROM. |
**PHASE II (begin after meeting phase I criteria) Begin Date:**

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<tr>
<th>APPOINTMENTS</th>
<th>Meet with the Physician at: Physical Therapy 1x every 1-2 weeks.</th>
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| REHAB GOALS  | 1. Single leg stand control.  
2. Good control and no pain with functional movements, including step up/down, squat, partial lunge. |
| PRECAUTIONS  | 1. Post-activity soreness should resolve within 24 hours.  
2. Avoid post-activity swelling. |
| SUGGESTED THERAPEUTIC EXERCISE | Non-impact balance and proprioceptive drills.  
Stationary bike.  
Hip and core strengthening.  
Stretching for patient specific muscle imbalances.  
Quad strengthening. |
| CARDIOVASCULAR EXERCISE | Non-impact endurance training; stationary bike, Nordic track, swimming, deep water run, cross trainer. |
| PROGRESSION CRITERIA | 1. Normal gait on all surfaces.  
2. Ability to carry out functional movements with out unloading affected leg or pain, while demonstrating good control.  

**PHASE III (begin after meeting phase II criteria) Begin Date:**

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<th>APPOINTMENTS</th>
<th>Meet with the Physician at: Physical Therapy 1x every 1-2 weeks.</th>
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<tr>
<td>REHAB GOALS</td>
<td>1. Good control and no pain with sport and work specific movements, including impact.</td>
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| PRECAUTIONS  | 1. Post-activity soreness should resolve within 24 hours  
2. Avoid post-activity swelling. |
| SUGGESTED THERAPEUTIC EXERCISE | • Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to other and then 1 foot to same foot.  
• Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities.  
• Sport/work specific balance and proprioceptive drills.  
• Hip and core strengthening.  
• Stretching for patient specific muscle imbalances. |
| CARDIOVASCULAR EXERCISE | Replicate sport or work specific energy demands. |
| RETURN TO SPORT/WORK CRITERIA | 1. Dynamic neuromuscular control with multi-plane activities, without pain or swelling. |
August 19, 2009

TREPHINATION: Usually performed on a stable mensical tear that does not require complete meniscal repair. No aggressive flexion loading until after 6 weeks.

Per verbal conversation with Dr. Aukerman.