KNEE ARTHROSCOPY
REHABILITATION PROTOCOL
(Including partial meniscectomy, articular cartilage debridement
and/or plica excision)
DR. AUERMAN (REVISED 3/22/18)

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.

ATTENTION PHYSICAL THERAPISTS—STRESS IMPORTANCE OF THE FOLLOWING:
• Place patient in brown compression stocking (20-30 mmHg) at first PT appointment. Wear during daytime only and d/c at night—instruct patient/family member how to don/doff stocking
  o May discharge when no swelling or effusion—typically 3-4 weeks p/o
• Stress early knee extension. Should reach full knee ext by 2 weeks post-op.
• Stress no pillows under popliteal fossa. Always under calf/heel only to progress knee extension.

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

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<tr>
<th>APPOINTMENTS</th>
<th>Meet with the Physician at: Begin Physical Therapy 3-5 days post op.</th>
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| 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.  
  Patellar mobs 2 weeks |
Scar mobs 4-6 weeks when adequate healing  
4 way leg lifts in standing for balance and hip strength.  
Gait drills.

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<th>CARDOVASCULAR EXERCISE</th>
<th>Upper body circuit training or UBE</th>
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| PROGRESSION CRITERIA   | 1. Normal gait.  
                          2. No effusion.  
                          3. Full knee ROM. |

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

| APPOINTMENTS          | Meet with the Physician at:  
                       Physical Therapy 1x every 1-2 weeks. |
|-----------------------|--------------------------------------------|
| 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 bake, 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:**

| APPOINTMENTS          | Meet with the Physician at:  
                       Physical Therapy 1x every 1-2 weeks. |
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<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             | • Impact control exercises beginning 2 feet to 2 feet, |
| THERAPEUTIC EXERCISE | 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. |

Last Updated: 3/22/18

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.