

**KNEE ARTHROSCOPY  
REHABILITATION PROTOCOL  
(Including partial meniscectomy, articular cartilage debridement  
and/or plica excision)  
DR. AUKERMAN (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
  - 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:** \_\_\_\_\_

APPOINTMENTS	Meet with the Physician at: Begin Physical Therapy 3-5 days post op.
REHAB GOALS	<ol style="list-style-type: none"> <li>1. Protection of the post-surgical knee.</li> <li>2. Restore normal knee range of motion.</li> <li>3. Normalize gait.</li> <li>4. Eliminate effusion.</li> <li>5. Restore leg control.</li> </ol>
PRECAUTIONS	<ol style="list-style-type: none"> <li>1. Use axillary crutches for normal gait.</li> <li>2. Avoid impact exercises for the first 4-6 weeks if the articular cartilage was debrided.</li> </ol>
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.
CARDIOVASCULAR EXERCISE	Upper body circuit training or UBE
PROGRESSION CRITERIA	<ol style="list-style-type: none"> <li>1. Normal gait.</li> <li>2. No effusion.</li> <li>3. Full knee ROM.</li> </ol>

**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	<ol style="list-style-type: none"> <li>1. Single leg stand control.</li> <li>2. Good control and no pain with functional movements, including step up/down, squat, partial lunge.</li> </ol>
PRECAUTIONS	<ol style="list-style-type: none"> <li>1. Post-activity soreness should resolve within 24 hours.</li> <li>2. Avoid post-activity swelling.</li> </ol>
SUGGESTED THERAPEUTIC EXERCISE	<p>Non-impact balance and proprioceptive drills. Stationary bike. Hip and core strengthening. Stretching for patient specific muscle imbalances. Quad strengthening.</p>
CARDIOVASCULAR EXERCISE	Non-impact endurance training; stationary bike, Nordic track, swimming, deep water run, cross trainer.
PROGRESSION CRITERIA	<ol style="list-style-type: none"> <li>1. Normal gait on all surfaces.</li> <li>2. Ability to carry out functional movements with out unloading affected leg or pain, while demonstrating good control.</li> <li>3. Single leg balance greater than 15 sec.</li> </ol>

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

APPOINTMENTS	Meet with the Physician at: Physical Therapy 1x every 1-2 weeks.
REHAB GOALS	<ol style="list-style-type: none"> <li>1. Good control and no pain with sport and work specific movements, including impact.</li> </ol>
PRECAUTIONS	<ol style="list-style-type: none"> <li>1. Post-activity soreness should resolve within 24 hours</li> <li>2. Avoid post-activity swelling.</li> </ol>
SUGGESTED	<ul style="list-style-type: none"> <li>• Impact control exercises beginning 2 feet to 2 feet,</li> </ul>

THERAPEUTIC EXERCISE	<p>progressing from 1 foot to other and then 1 foot to same foot.</p> <ul style="list-style-type: none"> <li>• Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities.</li> <li>• Sport/work specific balance and proprioceptive drills.</li> <li>• Hip and core strengthening.</li> <li>• Stretching for patient specific muscle imbalances.</li> </ul>
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.

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

Per verbal conversation with Dr. Aukerman.