

**KNEE ARTHROSCOPY
REHABILITATION PROTOCOL
(Including partial meniscectomy, articular cartilage debridement
and/or plica excision)
DR. CARSON (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"> 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	<ol style="list-style-type: none"> 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.
CARDIOVASCULAR EXERCISE	Upper body circuit training or UBE
PROGRESSION CRITERIA	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Single leg stand control. 2. Good control and no pain with functional movements, including step up/down, squat, partial lunge.
PRECAUTIONS	<ol style="list-style-type: none"> 1. Post-activity soreness should resolve within 24 hours. 2. Avoid post-activity swelling.
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"> 1. Normal gait on all surfaces. 2. Ability to carry out functional movements with out unloading affected leg or pain, while demonstrating good control. 3. Single leg balance greater than 15 sec.

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"> 1. Good control and no pain with sport and work specific movements, including impact.
PRECAUTIONS	<ol style="list-style-type: none"> 1. Post-activity soreness should resolve within 24 hours 2. Avoid post-activity swelling.
SUGGESTED	<ul style="list-style-type: none"> • Impact control exercises beginning 2 feet to 2 feet,

THERAPEUTIC EXERCISE	<p>progressing from 1 foot to other and then 1 foot to same foot.</p> <ul style="list-style-type: none"> • 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 meniscal tear that does not require complete meniscal repair. No aggressive flexion loading until after 6 weeks.

Per verbal conversation with Dr. Aukerman.