



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.

**REHABILITATION GUIDELINES
KNEE ARTHROSCOPIC CAPSULAR RELEASE/LYSIS OF ADHESIONS
MANIPULATION UNDER ANESTHESIA (MUA)**

DOS:

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE 1 0-2 weeks	As tolerated	None	As tolerated	Daily PT for first 2 weeks Heel slides, quad/hamstring sets, patellar mobilization, SLR, planks, bridges, abs, step-ups, and stationary bike as tolerated. Supine and prone PROM/capsular stretching with and without tib-fem distraction.
PHASE 2 2-4 weeks 3 days/week	Full	None	Full	Progress Phase I Exercises Advance rectus femoris/Anterior hip capsule stretching Cycling, elliptical, running as tol
PHASE 3 4-12 weeks 2-3 days/week	Full	None	Full	Advance sport specific exercises as tol Maintenance core, glutes, hip, and balance program Scar mobs 4-6 weeks when adequate healing