



4140 Centennial Hills Boulevard • Casper, WY 82609 • (307) 265-7205

KNEE ARTHROSCOPY

Revised October 2012

SPECIAL PRECAUTIONS/ LIMITATIONS:

CRUTCHES/ WEIGHT BEARING:

1. Weight bearing as tolerated with crutches at day 1 progress to FULL as tolerated.
2. Can d/c crutches with normalized gait as soon as able (generally 3 - 7 days).

ROM GOALS: EXTENSION: FULL PASSIVE maintained from DAY ONE.

FLEXION: week 1: 90 - 120'

After first week: progress as tolerated w/o restriction.

ADDITIONAL INSTRUCTIONS:

- 1) **Help prevent patellar entrapment from post-op scarring by doing patellar mobilization and scar mobilization starting at about 5 -7 days post-op.**
- 2) **Achieving FULL PASSIVE EXTENSION as soon as possible and MAINTAINING it is essential.**
- 3) **Additional limitations to the rehabilitation plan may be added post-operatively depending on associated surgical findings and surgeon's preference. Adherence to the protocol guidelines and maintaining a consistent home exercise program as directed is critical in achieving an optimal outcome.**
- 4) **Liberal use of "Game Ready" ice / compression device if available or ice packs, compression Ace wrap, and/or TED Hose, and elevation of lower extremity should be done to control swelling.**

REHABILITATION PROGRAM:

Phase I: WEEKS 0 – 1 to 2

WEIGHT BEARING:

Increase as tolerated with crutches as needed (DC crutches when gait is WNL – generally at 3-5 days)

ROM: full extension day 1; progress flexion as tolerated to FULL by 2-3 weeks

EXERCISES:

- Patellar mobilization
- Scar massage when wounds healed



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- Calf pumping
- AROM, heel slides
- Stationary bike for ROM to start, progress to light resistance
- Quad sets, use Estim as needed
- SAQ
- SLR x 4 - add ankle weights when quad control is maintained
- Mini squats,
- Weight shifts in parallel bars, progress to single leg w/o support
- Hamstring curls – prone or standing without resistance to start; ankle weights when able
- Double leg heel raises
- Stretches – HS, AT

Goals:

- ROM 0-120
- Good quad control (QS, SLR)
- NL Gait
- Effusion and pain controlled

Phase II: WEEKS 1 to 2 – 4

WEIGHT BEARING: FULL

ROM: FULL extension, progress to FULL flexion ASAP

EXERCISES: progress as tolerated

- Continue Patellar and Scar mobilization
- 4 way Hip machine
- Total Gym squats: double leg - progress to single,
- Mini squats : double leg - progress to single
- Hamstring curls ankle weights, progress to machine
- Leg press
- Single leg heel raises
- Proprioceptive training – single leg standing, progress to single leg BAPS, Ball Toss
- Stretches – HS, AT, Hip Flexors
- Stationary bike for progressive resistance and time
- Treadmill – Walking, gait training as needed
- Elliptical trainer



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- Pool therapy/ swimming home program (when wounds well healed)

Goals:

- Full ROM
- Controlled pain, swelling
- Progression of strength, endurance, functional activity, and independence

Phase III: WEEKS 4 – 12

EXERCISE Progression as tolerated:

- Lunges- forward and lateral; progress to Sport Cord
- “Steamboats” with Theraband – bilaterally
- Controlled Eccentric Step downs- forward, lateral, retro ; // bars as needed for support
- Progressive HS strengthening: i.e. machine, bridging on gym ball, TRX, “repeated contractions”, “Glut kicks” drill
- Theraband Side–Steps
- Bicycle- add resistance and time; interval training as tolerated
- Treadmill- walk to run program on treadmill or level ground
- Elliptical Trainer- progress as tolerated
- Stairmaster- progress single to double legged
- Progress Balance/Proprioceptive, and strength training on unstable platforms
- Harness resisted Squats and Step-ups/downs
- Total Gym- progress to Plyometrics
- Home /GYM program for progressive bicycling, elliptical trainer and light weight training.

GOALS:

- Normalized activity, strength, endurance, agility.
- Progressive Jog/ Run on treadmill or level ground up to 2 miles.
Return to Run program cleared by surgeon and/or PT – criteria: 80% of uninvolved Single Leg Hop for time (15 seconds) and distance tests
- RETURN TO FULL ACTIVITY/ DUTY: at approximately 3 -4 months
- Continue on a Home/ Gym based program with follow-up in PT and Orthopedic Clinics as needed.