OLYMPIA ORTHOPAEDIC ASSOCIATES PLLC
Your Life in Motion

POST-OPERATIVE KNEE ARTHROSCOPY PROTOCOL

Christopher Hawkins, MD
Sports Medicine at Olympia Orthopaedic Associates

The following protocol is intended as a guide for post-operative knee arthroscopy. This may include but is not limited to medial and/or lateral meniscectomy, chondroplasty, plica resection and synovectomy. This does not represent a fully inclusive list of all interventions that can be used in the rehab process, and the therapist should use their clinical experience/judgment to help guide their patient through their recovery, consulting with the referring physician should questions arise.

General Goals:

1. Attain Full ROM
2. Restore patellar mobility
3. Reestablish full neuromuscular control/strength
4. Restore balance/proprioception
5. Facilitate return to sport

Day 1 post-op: First therapy visit

Medical Care:

- Dressing Change

Exercises:

- Quad sets
- Adductor isometrics
- SLR flexion – if able based on quad control and pain
- Ankle pumps
- Heel slides (strap assist); ROM as tolerated, being careful not to force flexion
- Calf stretching
- Hamstring stretching

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Modalities:

- Modalities for pain/inflammation control (cryotherapy/vasopneumatic compression, TENS)

Ambulation:

- WBAT

Rehabilitation: Day 2 – Week 4

Goals:
1. Decrease effusion and pain
2. Restore patellar mobility
3. Increase knee ROM as tolerated to normal
4. Increase weight bearing/ambulatory function
5. Facilitate increased muscle tone/control
6. Resolution of edema
7. Normal gait pattern

Medical Care:

- Monitor wound healing

Manual P.T.:

- Knee extension PROM PRN
- Patellar mobilizations

Exercises (progress as tolerated):

- Heel slides with strap
- SLR x 4 (flexion, extension, abduction, adduction). May progress to multi-hip machine as tolerated.
- Calf Stretching
- Hamstring stretching
- Quad stretching as ROM and pain allows
- Bike – Progress as tolerated with ROM and resistance

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- Early proprioceptive training
    - Weight shifts, single leg stance
        - Rocker, disc, ball toss as tolerated
- Reciprocal pattern up and down stairs
- Progress weight bearing/closed chain exercises:
    - Wall squats 0-60 degrees; progress to 0-90 degrees as tolerated
    - Calf raises
    - Forward step ups, backwards step downs, progress to lateral step downs
    - Leg press 0-90 degrees – progress resistance as tolerated
    - Closed chain TheraBand TKE's
    - Lunges

Modalities:

- Modalities for pain/inflammation control (cryotherapy/vasopneumatic compression, TENS)

Ambulation:

- Emphasize normal gait pattern

Rehabilitation: Weeks 5 – 12 +

Goals:

1. Resolution of pain with ADLs
2. Develop strength and power in lower extremities (5/5 MMT)
3. Advance proprioceptive and neuromuscular skills
4. Increase overall conditioning/endurance
5. Progress to sport specific/plyometric
6. Return to sport

Exercises:

- Progress previously established program
    - Single leg focus
- Challenge pt with progressed balance/proprioception training and incorporate into functional tasks (i.e. BOSU step ups, step downs, squats)

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- May begin straight plane jogging when swelling is fully resolved, strength is 5/5, eccentric quadriceps control is good and balance is good
- Progress agilities/plyometrics
    - Foward/back to lateral motions (shuffle, carioca, hopping)
- Deceleration activities
    - Plant with backpedal
- Cutting progression
    - Gradually increase speed and angle

Return to sport per physician's orders:

- Functional testing
- Full strength/good eccentric quadriceps control
- Full ROM
- (-) pain
- (-) effusion

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