Hays Medical Center

Knee Arthroscopy

General Principles:

This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

PHASE I: (Immediate Post-Op)

Week 1

Orthotics-

- 1. Knee immobilizer at all times except on **Day 1** for exercises and modalities
- 2. Discontinue knee immobilizer as tolerated. May use at night if needed to maintain extension
- 3. Use compression wrap as needed for edema/effusion control

Weight Bearing-

- 1. Partial progressing to full weight bearing as tolerated
- 2. May discontinue crutches/assistive device when gait is normal

Modalities (PRN)-

- 1. Ice, Electrical Stimulation
- 2. Compression and elevation as needed for control of pain and swelling
- 3. Ice for 10-20 minutes following exercises throughout protocol
- 4. May use Electrical stimulation if needed to assist with Quad firing

ROM

1. Progress active and passive ROM as tolerated

Exercises-

- 1. Quad Sets, Hamstring Sets
- 2. Straight Leg Raises (All planes)
- 3. Heel Slides, Wall Slides
- 4. Hamstring Stretching, Prone Hangs
- 5. Closed-chain strengthening (When weight bearing allows)
 - a. Mini-squats, step ups, Shuttle
- 6. Stationary Bike, Nu Step
- 7. Single leg balancing / proprioceptive exercises

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PHASE II: (Strengthening)

Week 2

Modalities (PRN)-

1. Continue only as needed

ROM-

1. Active and passive ROM progressing to full as tolerated

Exercises-

- 1. May initiate Elliptical runner
- 2. Isotonic Quad and Hamstring strengthening
 - a. Short arc, progress to full arc
- 3. Start Isokinetics
 - a. 240 to 300 degrees/second
 - b. Limit extension initially
 - c. Monitor Patella-femoral precautions
- 4. May initiate straight-ahead jogging with no pain or swelling

PHASE III: (Advanced Strengthening)

Week 3-4

Modalities (PRN)-

1. Continue only as needed

ROM-

1. Active and passive ROM progressing to full as tolerated

Exercises-

- 1. Progress Phase II exercises as tolerated
- 2. Initiation of light sports activity
 - a. Plyometrics
 - b. Shuttle Bounding
 - c. Sport specific agility
 - d. See Interval Golf and Interval Running programs
 - e. DIME warmup
- 3. Criteria to be released for return to sport
 - a. Isokinetic test at 180, 240, and 300 degrees per second for physician review (Goal: 90% strength or better)
 - b. Lower extremity functional tests at 90% or better (See Lower extremity functional test protocol and form)

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