

Knee Arthroscopy Rehabilitation Protocol

General Guidelines

- Control inflammation/swelling with modalities - per therapist discretion.
- Educate patient on rehabilitation progression
- Restore normal gait on level surfaces
- Return to work as directed by Dr. Young based on work demands
- Gradual return to normal activities of daily living

*****Limitations, certain exercises and rehabilitation progression based on patient diagnosis (i.e. osteoarthritis), symptoms, soft tissue healing, patient goals/lifestyle, and clinician evaluation**

Phase I: Weeks 0-2

Goals:

- Control inflammation/swelling with modalities - per therapist discretion.
- Knee flexion to at least 90 degrees
- Achieve full knee extension immediately
- Discontinue use of crutches
- Progress towards normal gait pattern

Suggested Exercises:

- Stationary bike - ROM initially and progress with intensity and resistance
- Quad sets - E-stim if quad sets initially are not sufficient
- Begin SLR
- Patellar mobilization - if needed
- Active/Passive knee flexion and continue to encourage full extension
- Instruct in proper gait training, emphasizing heel-toe, good quad isolation, normal knee flexion and push-off.

Begin the following **open chain exercises:**

- Sidelying hip abduction and adduction
- Sitting hip flexion
- Standing hamstring curls to tolerance - begin with no weight.
- Ankle theraband exercises (dorsiflexion, plantarflexion, eversion, inversion)

Criteria for advancement to Phase II:

- Minimal to no knee pain/swelling
- Normal gait pattern
- Full active knee extension
- Normal patellar mobility
- SLR without extensor lag

Phase II: Weeks 2-4

Goals:

- No knee pain or swelling
- Achieve full knee flexion and maintain full knee extension
- Stair climbing with normal gait pattern

Suggested exercise:

Begin **closed chain knee exercises** as tolerated:

1. Stationary bike
 2. Wall slides
 3. Single leg stance: beginning on a level surface and progressing to unlevel surfaces
 4. Walking forward, retrowalking, and sidestepping
 5. Standing calf raises - progress to using the wobble board
 6. Leg press
 7. Step ups
 8. Mini-squats
 9. Heel slides
- Begin proprioception exercises
 - Begin light plyometrics: emphasize proper mechanics

Criteria for advancement to Phase III:

1. Full knee AROM that is at least 90% of non-surgical knee
2. No pain with strengthening exercises
3. Appropriate knee control when performing exercises

Phase III: Weeks 4-8

Goals:

- Full AROM
- No pain or swelling
- Return to running - based on patient goals, lifestyle, diagnosis (i.e. osteoarthritis)
- Progress to a home exercise program

Chippenham Boulders Office
1115 Boulders Parkway, Suite 100, N. Chesterfield, Virginia 23225
Office: 804.320.1339 Fax: 804.560.1481

Suggested exercise:

- Continue with exercises from Phase I-II
- Sport-specific drills - if needed
- Continue with light plyometrics - patient dependent
- Continue with proprioception exercises
- Core strength
- Begin walk to jog program progressing to running program