



REHABILITATION PROTOCOL: KNEE ARTHROSCOPY

DR. KEVIN SHEPET

PHASE 1 (surgery to 2-3 weeks after surgery):

Appointments:

- Rehabilitation appointments begin 2-5 days after surgery

Rehabilitation Goals:

- Protection the post-surgical knee
- Restore normal knee range of motion
- Normalize gait
- Eliminate swelling (i.e. effusion)
- Restore leg control

Precautions:

- Use axillary crutches for normal gait
- Avoid impact exercises for the first 4-6 weeks if the articular cartilage was debrided

Range of Motion Exercises:

- Knee extension on a bolster
- Prone hangs
- Supine wall slides
- Heel slides
- Suggested Therapeutic Exercises:
 - Quadriceps sets
 - Isometric wall press
 - 4-way lifts in standing for balance and hip strength
 - Gait drills

Cardiovascular Exercise:

- Upper body circuit training or upper body ergometer (UBE)

Progression Criteria:

- Normal gait
- No effusion
- Full knee range of motion

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PHASE 2 (begin after meeting Phase 1 criteria)

Appointments:

- Rehabilitation appointments are once every 1-2 weeks

Rehabilitation Goals:

- Good control with single leg stand
- Good control and no pain with functional movements, including step up/down, squat, partial lunge

Precautions:

- Post-activity soreness should resolve within 24 hours
- Avoid post-activity swelling

Suggested Therapeutic Exercise:

- Non-impact balance and proprioceptive drills
- Stationary bike
- Hip and core strengthening
- Stretching for patient specific muscle imbalances
- Quadriceps strengthening

Cardiovascular Exercise:

- Non-impact endurance training; stationary bike; Nordic track; swimming; deep water run; and cross trainer

Progression Criteria:

- Normal gait on all surfaces
- Ability to carry out functional movements without unloading the affected leg or pain while demonstrating good control
- Single leg balance greater than 15 seconds

PHASE 3 (begin after meeting Phase 2 criteria)

Appointments:

- Rehabilitation appointments are once every 1-2 weeks

Rehabilitation Goals:

- Good control and no pain with sport and work specific movements, including impact

Precautions:

- Post-activity soreness should resolve within 24 hours
- Avoid post-activity swelling

Suggested Therapeutic Exercise:

- Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to other and then 1 foot to same foot
- Movement control exercises beginning with low velocity, single plane activities and progressing to higher velocity, multi plane activities
- Sport/work specific balance and proprioceptive drills
- Hip and core strengthening
- Stretching for patient specific muscle imbalances

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Cardiovascular Exercise:

- Replicate sport or work specific energy demands

Progression Criteria:

- Dynamic neuromuscular control with multi-plane activities without pain or swelling

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