



Knee Arthroscopy (Debridement or Partial Meniscectomy)

Precautions:

The patient will ambulate with crutches (and immobilizer if prescribed) and weight bearing as tolerated unless instructed otherwise by physician. The patient may discontinue crutches when he/she can ambulate securely, has no evidence of instability, has appropriate quad strength, and can perform a normal gait pattern.

Phase I (1 – 5 days post-op)

- Wound care: Observe for signs of infection
- Modalities: prn for pain and inflammation (ice, IFC)
- Brace: If prescribed
- ROM: Pain free ROM and gradually achieve full extension
- Exercises: Quad sets, SLR, heel slides

Phase II (5 days – 4 weeks post-op)

- Wound care: Continue to monitor for signs of infection and begin scar management techniques when incision is closed
- Brace: D/C brace (if prescribed) by 5 days and D/C of crutches as soon as quad strength and pain allow
- Gait
 - D/C crutches as soon as quad strength and pain allow
 - Normalize gait pattern on level surfaces and progress to step-over-step pattern on stairs
- ROM: Goal: Minimum 0 - 90 degrees at 2 weeks, not more than 120 degrees; gradually achieve full AROM by end of 4 weeks if pain allows
 - Passive positional stretches for extension and flexion
 - Heel slides/ standing knee flexion
 - Half revolutions on stationary bike and progress to full revolutions
 - Increase / maintain patellar mobility with emphasis on superior glide
- Strengthening:
 - Quad sets (open and closed chain multi angle)
 - SLR (eliminate extensor lag)
 - Hip strength
 - Closed chain strength initially
 - Open chain at post op week 3 or when able to perform without pain with light wt. (Only if no concern for ACL injury or patellofemoral compression)
 - Proprioception activities (bilat. initially and transition to single leg as strength and pain permit)



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- Modalities:
 - NMES to quads if unable to perform quad sets and extensor lag with SLR
 - Continue ice and IFC for pain and inflammation prn
 - sEMG neuro-muscular re-education for quad
- Conditioning:
 - UBC
 - Stationary bike with the well leg (full revolutions and speed)

Phase III (4 – 10 weeks post-op)

- Wound care: Continue to monitor
- Modalities: Continue prn
- ROM: Emphasize full extension
 - Patellar mobility
 - Rectus femoris/ hip flexor stretches
- Strengthening:
 - Continue Phase II with progression of resistance.
 - Initiate Jumper for leg presses and eventually transition from Jumper to weighted leg press.
 - Treadmill forward and retro gradual increase to jog with athletes after 6 weeks *if no pain*.
 - Add work simulation tasks (material handling, step heights, push/pull etc.).
- Conditioning:
 - Stepper (retro and/ or forward)
 - Treadmill increasing to a "power walk"
 - Stationary bike
 - UBC
 - Pool if available
- Testing: Initial Functional Testing prior to 6 – 8 week MD follow-up appt.

Phase IV: (10+ weeks post-op) (if needed)

- Wound care: Continue scar mobs
- Modalities: continue prn
- ROM: Full ROM
- Strengthening:
 - Increase weights and reps of previous exercises
- Conditioning and Agility:
 - Increase to running on treadmill (supervised by therapist first)
 - Jump downs progressing to plyometrics
 - Gradual to sport specific / work specific drills and exercises
- Testing: Final Functional tests < 25% deficit for non-athletes, < 20% for athletes
- Initiate work conditioning for job related tasks. Follow up with school athletic trainer to continue sport specific training and skills.

Adapted from:

1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2003