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# KNEE ARTHROSCOPY, CHONDROPLASTY, PARTIAL MENISCECTOMY POST-OPERATIVE GUIDELINES

***Rate of progression through rehabilitation phases may be highly variable and dependent on patient's pain level, baseline functional status, and desire to return to competitive sport. Progression through milestones below is more important than timeframes designated. If you have any questions, please feel free to call our office.**

## Post-Operative Phase 1: Weeks 0-3

**PRECAUTIONS**
- Do not place a pillow under the operated knee
- Avoid pain with exercises, standing, walking and other activities
    - Monitor tolerance to load, frequency, intensity and duration
- Avoid premature discharge of assistive device- should be used until gait is normalized

**TREATMENT RECOMMENDATIONS**
- Emphasize patient compliance with HEP and weight bearing precautions/progression
- Gait training
- Patella mobilization
- LE flexibility exercises
- Knee AROM/AAROM
- Hip progressive resisted exercises
- Closed chain strengthening exercises (e.g., leg press, squat, forward step-up progression)
- Proprioception training
- Muscle reeducation using modalities as needed
- Consider blood flow restriction program with FDA approved device if cleared by surgeon
- Modalities for pain and edema as needed
- Stationary bicycle

**CRITERIA FOR ADVANCEMENT**
- Swelling and pain controlled
- Normal gait pattern without assistive device on level surfaces
- Knee passive ROM $0-120^{\circ}$ or better
- Unilateral weight bearing on involved LE without pain
- Independent with HEP

**EMPHASIZE**
- Normal gait pattern
- Patient compliance with HEP and activity modification
- Control of pain and swelling
- Total lower body functional strengthening

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## Post-Operative Phase 2: Weeks 4-8

**PRECAUTIONS**
• Avoid pain with therapeutic exercise and functional activities

**TREATMENT RECOMMENDATIONS**
• Patella mobilization
• LE flexibility exercises
• Progressive LE open kinetic chain exercises – isometrics to isotonics
• Functional progression of LE closed kinetic chain exercises (e.g., double leg squat to single leg squat and initiate forward step-down progression)
• Progress proprioceptive balance training
• Progress HEP
• Cardiovascular endurance training (e.g., bicycle, swimming, elliptical when able to perform 8" forward step up)
• Initiate impact activities with progressive loading (e.g., anti-gravity or underwater treadmill, bilateral to unilateral)

**CRITERIA FOR DISCHARGE (OR ADVANCEMENT TO PHASE 3 IF RETURNING TO SPORT)**
• Minimal to no swelling
• Full knee PROM
• Ability to ascend and descend 8" stairs pain-free with good control and alignment
• Independent with full HEP

**EMPHASIZE**
• Normalize flexibility to meet demands of ADL
• Eccentric quadriceps control
• Functional progression
• Establish advanced HEP/gym home program

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## Post-Operative Phase 3: Return to Sport (Weeks 9+)

**PRECAUTIONS**
• Avoid too much too soon - monitor exercise and activity dosing
• Protect tibiofemoral and patellofemoral joint from excessive load

**ASSESSMENT**
• Hop Test
• Star Excursion Test
• T-Test of Agility
• Functional assessment
  - Squat
  - Single leg stance
  - Forward step down
  - Single leg squat
  - Single leg bridge
  - Jumping and hopping
  - Deceleration and cutting

**TREATMENT RECOMMENDATIONS**
• Advance LE strengthening
• Advance proprioceptive balance training
• Progress total body multidirectional motor control exercises to meet sport-specific demands
• Plyometrics progression
• Initiate return to running program when able to perform phase 2 impact without pain, reactive effusion or malalignment
• Sport-specific agility training
• Increase endurance and activity tolerance
• Sport-specific multidirectional core retraining

**CRITERIA FOR RETURN TO SPORT**
• Quantitative assessments >90% of contralateral lower extremity
• Movement patterns, functional strength, flexibility, motion, endurance, power, deceleration, and accuracy to meet demands of sport
• Independent with gym or return to sport program

**EMPHASIZE**
• Be certain to incorporate rest and recovery
• Self-monitoring of load progression