

Knee Arthroscopy Rehab Protocol

The surgeon must specify on the referral any specific recommendations or deviations outside this protocol.

Phase I	Phase II	Phase III	Phase IV
POD 1-Week 1	Week 1-3	Week 3-6	Week 6+
<p>General Goals:</p> <ul style="list-style-type: none"> -Regain full knee ext -Regain > 90° knee flex -Re-establish quad activation -Perform SLR without lag <p>Weight Bearing:</p> <ul style="list-style-type: none"> -WBAT (unless otherwise directed by surgeon) -Discontinue crutches as soon as ambulating without gait faults <p>Clinical Implications:</p> <ul style="list-style-type: none"> -AROM/PROM with emphasis on full ext -Ankle pumps -Quad set isometrics -Multi-planar SLR -Partial squats -Calf raises -Hams, quad, gastroc stretching as needed -Balance activities: <ul style="list-style-type: none"> -Weight shifting -SLS with support -NMES as needed 	<p>General Goals:</p> <ul style="list-style-type: none"> -Maintain full knee ext -Regain > 115° knee flex -Restore normal gait without assistive device -Progress strengthening <p>Clinical Implications:</p> <ul style="list-style-type: none"> -Initiate scar and patellar mobs as needed -Initiate stationary bike -Leg press: progress from bilateral to unilateral -Terminal knee ext -Fwd step up/down -Lat step up/down -Wall slides -IT/hip flex stretching as needed -Progress proprioceptive exercises 	<p>General Goals:</p> <ul style="list-style-type: none"> -Achieve and maintain full ROM -Demonstrate minimal dynamic valgus with exercises <p>Clinical Implications:</p> <ul style="list-style-type: none"> -Progress CKC activities minimizing dynamic knee and pelvic valgus position -Body weight squats -Lunges -Single leg squats -Initiate jog/run program -Advance proprioceptive exercises -Functional SLS with UE/LE reaching -Agility training -Sport and/or work specific exercises 	<p>General Goals:</p> <ul style="list-style-type: none"> -Return to sports <p>Clinical Implications:</p> <ul style="list-style-type: none"> -Progress jogging speed and distance, eventually full speed running if needed -Bilateral plyometrics progressing to unilateral: <ul style="list-style-type: none"> -squat jumps -tuck jumps -box jumps -180° jumps -scissor hops -unilateral hopping drills -Progress sport and/or work specific exercises -Begin sprinting and cutting drills: <ul style="list-style-type: none"> -straight line -figure 8 -circles -45° and 90° turns -cariocas -lateral mvmts -power skipping <p>Criteria for Return to Sports:</p> <ul style="list-style-type: none"> -No competitive sports until cleared by surgeon -Full and painless AROM -No patellofemoral jt pain -MMT strength 90-100% contralat LE -≥ 85% to contralat LE for single leg hop test for distance, 6 meter timed hop test, triple jump cross over hop test and single leg squat test.