ARTHROSCOPIC KNEE SURGERY
REHABILITATION PROTOCOL
MENISCECTOMY, SYNOVECTOMY, CHONDROPLASTY

GENERAL GUIDELINES
- The local anesthetic (similar to novacaine) in your knee lasts 6-12 hours
- Start taking the pain medication as soon as you start to feel any pain
- Stay ahead of the pain with your pain medication
- Vistaril may be taken every 6 hours as needed for nausea, itching, or insomnia
- Take 1 aspirin (325 mg) daily for two weeks, starting the day after surgery
- Use the cryotherapy cuff continuously for the first 72 hours, then as-needed thereafter
- Ensure that the cuff never contacts the skin directly
- Apply to the knee after performing rehabilitation exercises for the first 6 weeks
- Remove the bandage 72 hours after surgery, but leave the white steristrips on the skin
- Apply fresh gauze pad with an ace bandage for the first week after surgery
- You may shower after surgery, wrapping the dressing in plastic wrap to keep dry
- You may get incisions/steristrips wet in shower after 72 hours, then pat dry
- Do NOT submerge the knee underwater.
- No brace required
- You may bear weight as tolerated using crutches for first two days at least
- Formal physical therapy is not required, but may be prescribed in select circumstances
- Schedule a follow-up appointment for two weeks after surgery 410-448-6400

PHASE I
Begins immediately postoperatively through 1 week postoperatively

Goals:
- Protect the knee from falls
- Control inflammation
- Maintain full extension, initiate early range of motion

Weight-Bearing Status:
- Weight bearing as tolerated using two crutches for a minimum of 2 days
  - Transition to 1 crutch, then discontinue when comfortable

Therapeutic Exercises (3 times per day):
- Ankle pumps
- Knee extension/hamstring stretching with heel prop
- Heel slides with assistance from unaffected leg
- Sitting leg dangle to 90 degrees using unaffected leg for support
- Patellar mobilizations (Stretch in 4 directions: medial, lateral, proximal, distal)
- Quad isometrics (hold for 10 seconds, with 5 repetitions)
PHASE II

Should begin by 1 week postoperatively and extends to 2 weeks postoperatively

Criteria for advancement to Phase II:
- No signs of active inflammation
- Flexion to 70 degrees

Goals:
- Restore normal gait
- Maintain full extension, progress flexion

Therapeutic Exercises:
- All exercises from Phase I
- Aggressive patellar mobilizations (medial, lateral, proximal, distal)
- Prone hangs to promote knee extension
- Stationary bike (no tension; begin with high seat & progress to lower seat for ROM)
- Straight-leg raises (10 repetitions)
- Short arc extensions in terminal knee extension (0-30 degrees)

PHASE III

Should begin by 2 weeks postoperatively and extends through 6 weeks postoperatively

Criteria for advancement to Phase III:
- Normal gait
- No difficulty with straight-leg raise

Goals:
- Maximize range of motion
- Continue improving quadriceps strength
- Improve functional strength

Therapeutic Exercises:
- All exercises from Phase II
- Stationary bike (increase tension as tolerated)
- Wall slides from 0-45 degrees of knee flexion
- 4-way hip for flexion, extension, abduction and adduction
- Hamstring curls with progressive resistance
- Toe raises
- Treadmill walking with emphasis on normalization of gait pattern
- Balance/proprioceptive initiation (single leg stance)
PHASE IV

Begins about 6 weeks postoperatively

**Criteria for advancement to Phase IV:**
- Painless range of motion
- Painless walking with a normal gait pattern
- Clearance by MD before returning to sports activities

**Goals:**
- Maximize range of motion
- Balance/proprioception training
- Cardiovascular training
- Gradual progressive return to activities

**Therapeutic Exercises:**
- All exercises from phase III
- Scar massage to portal sites
- Balance/proprioceptive training (single leg stance and hop, balance board)
- Elliptical trainer or Nordic track as tolerated
- Treadmill or outdoor track running
  - Gradually increase distance and speed
  - Transition to concrete/uneven surfaces when comfortable
- Sport specific training
  - Start with ‘walk-through’ at < 1% of maximum effort
  - Increase 10% effort each day as tolerated
    - The preceding day should be painless before progressing

**Selected Exercise Diagrams** (continued on the next page)

![Ankle Pumps](image1)

![Sitting extension/hamstring stretch with heel prop](image2)

May also be performed recumbent (lying down)
Sitting leg dangle to 90 degrees using unaffected leg for support

Patella mobilizations
stretch in 4 directions (side to side, up and down)

Recumbent heel slides with assistance from unaffected leg

Hip abduction

Straight-leg raises

Wall slides (0-45 degrees of knee flexion)

Short arc extensions (0-30 degrees)

Prone hangs to promote full knee extension