Rehabilitation Guidelines for Knee Arthroscopy
(including partial meniscectomy, articular cartilage debridement and/or plica excision)

The rehabilitation guidelines are presented in a criterion based progression program. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction.

Special attention must be given to impairments that caused the initial problem. For example if the patient is s/p partial medial meniscectomy and they have a varus alignment, post-operative rehabilitation should include correcting muscle imbalances or postures that create medial compartment stress.

**PHASE I (Surgery to 2-3 weeks)**

<table>
<thead>
<tr>
<th>APPOINTMENTS</th>
<th>Meet with physician at 10-14 days post op Begin physical therapy 3-5 days after surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRECAUTIONS</td>
<td>1. Use axillary crutches for normal gait 2. Avoid impact exercises for the first 4-6 weeks if the articular cartilage was debrided 3. Weight-bearing as tolerated (WBAT)</td>
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<tr>
<td>RANGE OF MOTION EXERCISES</td>
<td>Passive knee extension Knee extension on a bolster Prone hangs Supine wall slides Heel slides Patella mobilizations Ankle Pumps Lower-Quarter stretching</td>
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<tr>
<td>SUGGESTED THERAPEUTIC EXERCISE</td>
<td>• Quad sets – NMES as necessary • Isometric wall press • 4 way leg lifts in standing for balance and hip strength • Gait drills</td>
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<tr>
<td>CARDIOVASCULAR EXERCISE</td>
<td>Upper body circuit training or UBE Stationary bicycling as tolerated</td>
</tr>
<tr>
<td>PROGRESSION CRITERIA</td>
<td>1. Normal gait 2. No effusion 3. Full knee range of motion</td>
</tr>
</tbody>
</table>
**PHASE II (begin after meeting Phase I criteria)**

| APPOINTMENTS | Meet with physician at 1 month post op  
Begin physical therapy 1 x every 1-2 weeks |
|-------------|----------------------------------------|
| REHAB GOALS | 1. Single leg stand control                  
2. Good control and no pain with functional movements,  
including step up/down, squat, partial lunge |
| PRECAUTIONS | 1. Post activity soreness should resolve within 24 hours  
2. 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  
• Lower-Quarter and Quad strengthening |
| CARDIOVASCULAR EXERCISE | Non-impact endurance training: stationary bike, Nordic tract,  
swimming, deep water run, cross trainer, elliptical, stairmaster |
| PROGRESSION CRITERIA | 1. Normal gait on all surfaces  
2. Ability to carry out functional movements without  
unloading affected leg or pain, while demonstrating good  
control  
3. Single leg balance greater than 15 seconds |

**Phase III (begin after meeting Phase II criteria)**

| APPOINTMENTS | Meet with physician at 2-3 months post op  
Physical therapy 1 x every 1-2 weeks |
|-------------|----------------------------------------|
| REHAB GOALS | 1. Good control and no pain with sport and work specific  
movements, including impact |
| PRECAUTIONS | 1. Post activity soreness should resolve within 24 hours  
2. 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 exercise 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 |
| CARDIOVASCULAR EXERCISE | Replicate sport or work specific energy demands |
| RETURN TO SPORT/WORK CRITERIA | 1. Dynamic neuromuscular control with multi-plane activities,  
without pain or swelling |
RECOVERY after knee surgery entails controlling swelling and discomfort, healing, return of range-of-motion of the knee joint, regaining strength in the muscles around the knee joint, and a gradual return to activities. The following instructions are intended as a guide to help you achieve these individual goals and recover as quickly as possible after your knee surgery.

A. **COMFORT:**
   1. **Elevation** – Elevate your knee and ankle above the level of your heart. The best position is lying down with two pillows lengthwise under your entire leg. This should be done for the first several days after surgery.
   2. **Swelling** – A cooling device may be provided to control swelling and discomfort by slowing the circulation in your knee. Initially, this can be used continuously for the first 3 days, (while the initial post-op dressing is on). After 3 days, the cooling device should be applied 3 times a day for 10-minute intervals. If a cooling device is not provided at the time of surgery, place crushed ice in a plastic bag over your knee for no more than 20 minutes, three (3) times day.
   3. **Medication**
      - **Pain Medication** – Take medications as prescribed, but only as often as necessary. Avoid alcohol and driving if you are taking pain medication.
      - **Antibiotic Medication** – If an antibiotic has been prescribed, start taking the day of your surgery. The first dose should be around dinner time. Continue taking until the prescription is finished.
   4. **Driving** – Driving is NOT permitted until after your first post-operative visit.

B. **ACTIVITIES:**
   1. **Range-of-Motion** – Move your knee through range of motion as tolerated. This must be done while sitting or lying down.
   2. **Exercises** – These help prevent complications such as blood clotting in your legs. Point and flex your foot and wiggle your toes. Thigh muscle tightening exercises should begin the day of surgery and should be done for 10 to 15 minutes, 3 times a day, for the first few weeks after surgery.
   3. **Weightbearing Status** – You are allowed to put all of your weight on your operative leg. Do this within the limits of pain. Usually start with two crutches then progress to using one crutch in the hand opposite of your surgical side. You may discontinue crutches one week after surgery unless otherwise instructed by Sports Medicine.
   4. **Physical Therapy** – If physical therapy is required after your surgery your doctor will notify you and give you a prescription. PT should be started 3-5 days after surgery. You should call the physical therapist of your choice for an appointment as soon as possible after surgery. A prescription for
physical therapy, along with physical therapy instructions (included in this packet) must be taken to the therapist at your first visit.

5. **Athletic Activities** – Athletic activities, such as swimming, bicycling, jogging, running and stop-and-go sports, should be avoided until allowed by your doctor.

6. **Return to Work** – Return to work as soon as possible. Your ability to work depends on a number of factors – your level of discomfort and how much demand your job puts on your knees. If you have any questions, please call your doctor.

C. **WOUND CARE**:
1. Tub bathing, swimming, and soaking of the knee should be avoided until allowed by your doctor – Usually 2-3 weeks after your surgery. Keep the dressing on, clean and dry for the first 3 days after surgery.
2. Remove the dressing 3 days after surgery. The steri-strips (small white tape that is directly on the incision areas) should be left on until the first office visit. You may apply band-aids to the small incisions around your knee.
3. You may shower 5 days after surgery with band-aids on. Apply new band-aids after showering.

D. **EATING**:
1. Your first few meals, after surgery, should include light, easily digestible foods and plenty of liquids, since some people experience slight nausea as a temporary reaction to anesthesia.

E. **CALL YOUR PHYSICIAN IF**:
1. Pain in your knee persists or worsens in the first few days after surgery.
2. Excessive redness or drainage of cloudy or bloody material from the wounds (Clear red tinted fluid and some mild drainage should be expected). Drainage of any kind 5 days after surgery should be reported to the doctor.
3. You have a temperature elevation greater than 101°
4. You have pain, swelling or redness in your calf.
5. You have numbness or weakness in your leg or foot.

F. **RETURN TO THE OFFICE**:
1. Your first return to our office should be within the first 1-2 weeks after your surgery. Call your physician’s office to make an appointment for this first post-operative visit.