



Arthroscopic Knee Rehabilitation Rehabilitation Protocol

(Meniscal Debridement, Chondroplasty, or Meniscectomy)

Phase 1 (0-6 weeks post-op)

Rehabilitation Goals

- Normal gait and stair ambulation
- ROM: Full knee extension and greater than or equal 120° knee flexion

PRECAUTIONS

- Weight bearing as tolerated with crutches as needed
- D/C Crutches when the patient has a normal gait pattern

Brace

Typically no brace is required

Cryotherapy:

Cold with compression/elevation (ice with compression wrap)

Rehabilitation

Cold with compression/elevation (ice with compression wrap)

Weeks 1-2

- Knee AROM/PROM to prevent stiffness
- Patellar mobilizations after suture/staple removal
- Ankle pumps as needed for swelling
- LE stretching as needed
- Quad sets (use e-stim until patient is able to do 10 SLRs without extension lag)
- Open/closed chain strengthening of hip, thigh, and leg musculature
- Gait training as needed (i.e. cone walking, marching, retro-walking, cariocas, and shuffles)
- Core and UE training as needed

Weeks 2-4

- DL squats or leg press in tolerable range, progress to SL squats
- Progress loading in LE strengthening of hip, thigh, and leg musculature
- Balance and proprioceptive exercises; bilateral to unilateral
- Non-impact cardio

Weeks 5-46

- Aquatic therapy if desired when incisions have fully healed

Follow up

- Supervised rehab: 2-3x per week
- PT re-eval: every 1-2 weeks
- Ortho re-eval: ~4-6 weeks post-op



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Phase 2 (Generally 7-12 weeks post-op).

Rehabilitation Goals

- Symmetrical knee ROM
- > 90% quadriceps and HS strength compared to the uninvolved limb
- Hop without pain using good form
- 4) Meet occupational requirements at 3 months

PRECAUTIONS

- Sport-specific training initiated when quadriceps strength is at least 80% of uninvolved limb

Rehabilitation

- Continue Phase 1 exercises as needed
- Progress to the following exercises and increase intensity gradually (i.e. no increase in knee pain or effusion since the previous exercise session)
- Agility drills and plyometrics; bilateral to unilateral; progress gradually in intensity
- Begin progressive jogging program when no effusion is present
- Gradually increase intensity and decrease reps of LE strengthening

Follow-Up

- Supervised rehab: 1-2 x per week as needed
- PT re-eval: 6 weeks, 12 weeks, then as needed
- Ortho re-eval: ~12 weeks post-op

Testing

Y-balance, hop testing, and isokinetic where available

Miscellaneous

- After 3 months post-op, Phase 2 exercises are continued and gradually increased in intensity and duration as tolerated
- Pass Service fitness test at 4-6 months
- Progress activities for return to sport/collision sports or aggressive military training (i.e. airborne school) based on the patient's functional performance and endurance. This time period will be directed by the Ortho Surgeon and the Physical Therapist. This may require between 6 months before cleared without restrictions.



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