Knee Arthroscopy (Meniscectomy / Chondroplasty, with and without lateral release)

This protocol is intended to be a general guideline. The physician staff may advance, delay, or alter this protocol based on individual patient status. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form pro-vided to the patient or therapist.

Guidelines for Pre-Op Physical Therapy

- Patient will receive instruction from Dr. Chams or one of his physician extenders on post-operative expectations, post-op Day One exercises, and use of crutches or another assistive device. If deemed necessary at that time, the patient may be referred for one pre-op PT visit to receive gait training, review post-op exercises, and discuss post-op expectations.
- If seen pre-op in PT clinic, patient should be instructed in edema control and post-op exercises (quad set, SLR, ankle pumps) and the importance of resting knee in full knee ext to avoid flexion contracture.

Guidelines for Post-Op Physical Therapy (EXCEPTION FOR LATERAL RELEASE)

- Therapy beings on Day One post-op in the outpatient clinic.
- Patient is typically seen in clinic 1x/week for 4 to 6 weeks post-operatively (or more, depending on patient status and ADL demands).
- If a lateral release was performed, patient should attend PT 2x/week and treatment should focus on manual therapy: patellar mobilization (especially medial glide/tilt) and distal iliotibial soft tissue mobilization.

Guidelines for MD Follow-Up Visits (including telehealth)

- At two weeks post-op, patient will be seen in clinic for removal of stitches and follow up.
- At six weeks post-op, patient may be seen by physician extender through telehealth video communication during an in-clinic PT session to connect with patient and treating therapist about current ROM and strength status.
- Additional follow-ups with MD staff will be scheduled as needed.

Guidelines for Wound Care

- Original steri-strips should be left in place until stitch removal. They can be reinforced with more if needed.
- On Day One post-op, remove post-op cotton wrapping. Place 2×2 gauze and occlusive dressing over wound sites. Change dressings as needed and do not allow wounds to become wet.
- Instruct patient to wrap knee in “press and seal” plastic wrap for showering until 3-5 days after stitches are removed (make sure wounds are fully healed before being exposed to water).
- Guidelines for Ambulation
- Bilateral axillary crutches to be used immediately post-op (patient should obtain them before surgery and bring to the surgical center).

- Pt will be WBAT immediately unless otherwise notified. Discharge crutches in 1 to 2 days, or when patient demonstrates good SLR and quad control.

Day One Post-Op

- Review post-op exercises and edema control (ice/elevation): quad set, SLR, full knee ext (heel prop if necessary).
- Upgrade HEP and add additional exercises such as those below as indicated.
- PROM knee flex (goal = 90 degrees on day one) and instruction in self-AAROM (any position) for ROM progression
- Sidelying hip abduction strengthening
- Gait training emphasizing natural heel-toe pattern and weaning off crutches as able.
- Small-range mini squats (no anterior translation)
- Heel raises, single leg stance, sidestepping, cone tapping, etc.
- Stationery bike with no resistance for ROM only

Week 1 Through Discharge (at Week 4 or beyond)

Precaution: All squat and lunge instruction should emphasize no forward transla-tion of the knee to avoid excessive patellofemoral stress. Running and plyom-etrics should be added once pain is resolved and eccentric strength is adequate.

Goals: Full functional strength, coordination, and unrestricted ROM of knee.

- Balance drills, progress to unstable surfaces (tilt board, foam, BOSU ball, etc.) as tol-erated
- Agility ladder drills (no plyo, then progress to plyo)
- Progress to advanced strengthening, such as standing TKE's, step ups, step downs, single leg RDL's, squats, single leg squats, forward and lateral lunges (avoiding ante-rior translation of knee), etc.
- Incorporate machines if desired, avoiding seated knee ext machine long-term.
- Optional: Add in-clinic personalized blood flow restriction if appropriate.
- At Week 4 (or later if needed), advance to progressive plyometric activity:
    - Lateral shuffles
    - Begin double-leg jumping in place. Then add distance, height and rotational chal-lenges.
    - Progress to single-leg hopping in place. Then add distance, height, rotation, and proprioceptive challenges.
- Perform Phase IV and sport-specific exercises when appropriate: jogging starting at Week 4, then progress to running, cutting, pivoting, perturbation training.
- Discharge when patient has achieved full ROM, adequate neuromuscular control, is independent with ongoing HEP for strength/ROM/coordination/flexibility, and has abil-ity to perform all ADLs and work duties