

Knee Manipulation

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 provided to the patient or therapist.

This protocol should be modified for any pre-existing post-op restrictions where applicable and incorporate functional milestones for individual patient goals.

Week 1: Patient to be seen the day after the manipulation and daily for the first 5 days following procedure (including Saturday if this falls over a weekend).

- Patient to be TTWB with crutches for first 24 to 48 hours (due to femoral nerve block)
- Patient may use cryotherapy several times a day for pain and inflammation control
- ERMI Flexionator in clinic where available; obtain rental unit for home use if helpful
- Focus on regaining full PROM as soon as possible with aggressive PROM, AAROM, manual therapy, and joint mobilization
- Emphasize HEP compliance focusing on ROM and adequate use of pain medication and other modalities to control pain
- Make sure knee achieves full extension, with HEP extension exercises if necessary
- Stationary bike immediately for ROM (no resistance)

Weeks 2 and Beyond: Patient to be seen 3-4x/week until Week 4 or until ROM goals have been achieved, then 1-2x /week until all functional goals have been achieved.

- Once full PROM is achieved, begin AROM and progressive LE strengthening
- General LE flexibility exercises
- Progress resisted strengthening: elastic bands, weights, machines, etc.
- Focus on eccentric quad and hip control
- Proprioception drills emphasizing neuromuscular control and static/dynamic balance
- Aquatic exercise program may begin once incisions are healed
- Progress cardiovascular activities as tolerated

Guidelines for Discharge

- Patient should achieve full functional knee ROM (0 degrees extension and at least 120 degrees flexion) and full functional strength of LE musculature.
- Patient should be discharged with a comprehensive home exercise program for maintenance of ROM and strength in keeping with any pre-existing restrictions.