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Knee Arthroscopy (Partial Meniscectomy, Plica Excision, Lateral Release, Synovectomy, Chondr

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This is the rehabilitation plan I ask your physical therapist to follow after your Knee Arthroscopy (Partial Meniscectomy, Plica Excision, Lateral Release, Synovectomy, Chondroplasty). Bring it to your first therapy visit. It is a framework, not a prescription: your therapist adjusts the pace to how you are healing, and anything we discussed in the office takes precedence over what is printed here. If something on this page does not match what we talked about, ask me.

Operation	Knee Arthroscopy (Partial Meniscectomy, Plica Excision, Lateral Release, Synovectomy, Chondroplasty)
Physical therapist	Please send progress notes to the office and call with any question about the plan.

Arthroscopic Knee Rehabilitation (Meniscal Debridement, Chondroplasty, or Meniscectomy)

Phase 1 - 0-6 weeks after surgery

GOALS

- Normal gait and stair ambulation
- ROM: full knee extension and > 120° knee flexion

PRECAUTIONS

- WBAT with crutches as needed
- D/C crutches when the patient has a normal gait pattern

BRACE

- Typically no brace is required

WOUND CARE

- Post-op dressing remains intact until post-op day #2 (~48 hours after surgery)
- Shower after post-op day #2 (no need to cover the incision site)
- DO NOT SUBMERGE knee in water until incisions have healed
- Suture removal @ 10-14 days post-op per Ortho

CRYOTHERAPY

- Cold with compression/elevation (ice with compression wrap)

REHABILITATION

- Begin scar massage after incisions have healed and scar is formed
- Perform the following rehabilitation exercises; progress as tolerated
- ~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, retrowalking, cariocas, and shuffles)
  - Core and UE training as needed
- ~Weeks 2-4
  - DL squats or leg press in tolerable range, progress to SL squats

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- Progress loading in LE strengthening of hip, thigh, and leg musculature
- Balance and proprioceptive exercises; bilateral to unilateral
- Non-impact cardio

- ~Weeks 5-6
  - 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

Phase 2 - 7-12 weeks after surgery

GOALS
- Symmetrical knee ROM
- > 90% quadriceps and HS strength compared to the uninvolved limb
- Hop without pain using good form
- 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 a return-to-sport / fitness test at 4-6 months
- Progress activities for return to sport/collision sports or aggressive physical training (e.g. tactical or military training) 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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Abbreviations

AROM / AAROM / PROM: active / active-assisted / passive range of motion. ROM: range of motion. ER / IR: external / internal rotation. ABD / ADD: abduction / adduction (away from / toward the midline). FLEX / EXT: flexion / extension. WBAT / PWB / TTWB / NWB: weight bearing as tolerated / partial / toe-touch / non-weight bearing. SLR: straight leg raise. HS: hamstrings. ITB: iliotibial band. UE / LE: upper / lower extremity. UBE: upper body ergometer (arm bike). BAPS: balance board. BFR: blood flow restriction training. PREs: progressive resistance exercises. D/C: discontinue. prn: as needed. POD: post-operative day. TENS: transcutaneous electrical nerve stimulation. ADLs: activities of daily living.

Source

Adapted from Defense Health Agency, Tri-Service Post-Operative Rehabilitation Guidelines, "DHA Arthroscopic Knee Rehab", May 2020, published by William Beaumont Army Medical Center at https://william-beaumont.tricare.mil/Health-Services/Hospital-Care-Surgery/Post-Operative-Rehabilitation-Protocols (a work of the U.S. Government in the public domain).

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