

KNEE ARTHROSCOPY -DEBRIDEMENT OR MENISECTOMY

Rehabilitation exercises are essential for full recovery from your injury and subsequent surgical procedure. Following the guidelines and principles described below will minimize your recovery time and maximize return to full activity.

Phase 1 (Weeks 0 to 3)

- 2-3 visits/week, 5x/week home program
- Prone lying, supine with logroll under heel, and gentle stretching to achieve full hyper-extension
- Quad sets, may use e-stim, increase # visit/week if quad inhibited
- Patellar mobilizations, especially superiorly
- SLRs, full arc quads without weights
- Prone knee flexion, heel slides, calf and hamstring stretching
- Icing program, 3-5x/day, 30 minutes each after exercises
- Crutches may be stopped within 1 week as long as the patient has full extension, can perform a SLR without an extension lag, and ambulates without a limp. Patients may be weaned to one crutch (opposite arm, after 3 weeks), in order to normalize gait (no limp), and as long as full extension and no extension lag with SLR is obtained
- Begin quad exercises including mini-squats, wall slide mini-squats, partial arc quads (60-90°), and hamstring curls with light weights when ROM is full
- Toe raises with weights, step-ups (begin with 2" and progress to a full step)
- Crutches should be weaned off in this stage, and gait should be normal.

Phase 2 (Weeks 3 to 6)

- 2-3 visits/week, 5x/week home program
- Continue all exercises in previous phase (as described above)
- Focus rehabilitation towards more closed-chain exercises including leg presses, step-ups, mini-squats, leg extensions, and hamstring curls with light weights, high repetitions. Repetitions should be smooth and slow and NOT explosive. May begin jump rope exercises. May advance to swimming
- Endurance closed-chain quadriceps exercises should begin such as stairmaster, stationary bike, elliptical trainer, Nordic trac, etc. Focus on increasing endurance and should be performed 3-4x/week
- If a pool is available, swimming may start at 1 month
- Gait and ROM should be normal by 4 weeks.
- Begin slow jogging (if allowed) and progress to slow running on even ground or treadmill, no cutting, jumping, or pivoting (once ROM is full and patient has full quadriceps control and if impact exercises are allowed)

Phase 3 (6 Weeks to 3 Months)

- 3-5x/week home program, may need physical therapy supervision for functional training
- Begin advanced strengthening with weights including leg presses, squats, leg curls, leg extensions and lunges
- Initiate plyometric program as appropriate for patient's functional goals
- May begin functional training exercises including fast straight running, backward running, cutting, crossovers, carioca, etc. if impact exercises allowed
- Begin gradual return to previous sports/activities/work duties under controlled conditions
- Full return to sports/activities/full work duties based upon the following criteria:

Criteria for Return to Sports/Full Activities:

- Normal muscle strength in the involved lower extremity
- Jog and full speed run without a limp
- Full ROM
- No effusion or quadriceps atrophy