POST-OPERATIVE PROTOCOL · PHASE 1 · PAGE 1 OF 2

ARTHROSCOPIC KNEE SURGERY

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These guidelines are a **framework** for the post-operative rehabilitation program. They **do not** substitute for any specific restrictions or requirements determined through the necessary shared decision-making and collaboration between the operating surgeon and the treating rehabilitation team. This protocol covers **meniscal debridement, chondroplasty and meniscectomy** — not meniscal repair.

PHASE 1	PHASE 2	BRACE	OCCUPATIONAL	CLEARANCE
WEEKS 0–6	**WEEKS 7–12**	**NONE**	**3 MONTHS**	**~6 MONTHS**
Restore motion & gait	Strength & impact	Typically not required	Meet requirements	Collision sport / full duty

1 RESTORE MOTION & GAIT · GENERALLY 0–6 WEEKS POST-OP

GOALS Normal gait and stair ambulation · 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	◆ 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 at 10–14 days post-op per orthopaedics
CRYOTHERAPY	◆ Cold with compression / elevation (ice with compression wrap)
REHABILITATION	◆ Begin scar massage after incisions have healed and the scar is formed ◆ Perform the rehabilitation exercises below; progress as tolerated

WEEKS 1–2 — MOTION & QUAD

- 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 the patient can do 10 SLRs without extension lag
- Open / closed chain strengthening of hip, thigh and leg musculature
- Gait training as needed (cone walking, marching, retro-walking, cariocas, shuffles)
- Core and UE training as needed

WEEKS 2–4 — LOAD & BALANCE

- DL squats or leg press in a 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 5–6 — AQUATIC

- Aquatic therapy if desired, once incisions have fully healed

FOLLOW-UP	◆ Supervised rehab: 2–3× per week ◆ PT re-eval: every 1–2 weeks ◆ Ortho re-eval: ~4–6 weeks post-op

PROUD MEDICAL TEAM FOR

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VANDERBILT HEALTH

2 STRENGTH & RETURN TO IMPACT · GENERALLY 7–12 WEEKS POST-OP

GOALS Symmetrical knee ROM · >90% quadriceps and HS strength compared with 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 the uninvolved limb**
REHABILITATION	◆ Continue Phase 1 exercises as needed ◆ Progress to the following exercises and increase intensity gradually (no increase in knee pain or effusion since the previous 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
TESTING	◆ Y-balance, hop testing and isokinetic where available
FOLLOW-UP	◆ Supervised rehab: 1–2× per week as needed ◆ PT re-eval: 6 weeks, 12 weeks, then as needed ◆ Ortho re-eval: ~12 weeks post-op
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 (e.g. airborne school) based on the patient's functional performance and endurance. This time period will be directed by the orthopaedic surgeon and the physical therapist and **may require up to 6 months before clearance without restrictions**.

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