



Tri-Service Post-Operative Rehabilitation Guidelines

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Arthroscopic Knee Rehabilitation

(Meniscal Debridement, Chondroplasty, or Meniscectomy)

These guidelines were created as a framework for the post-operative rehabilitation program. They DO NOT substitute for any specific restrictions or requirements that are determined through the necessary shared decision-making and collaboration between the operating surgeon and treating rehabilitation team.

PHASE 1: Generally 0-6 Weeks Post-Op	
GOALS:	1) Normal gait and stair ambulation 2) ROM: full knee extension and $\geq 120^\circ$ 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 @ 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 - 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:	<ul style="list-style-type: none"> - Supervised rehab: 2-3x per week - PT re-eval: every 1-2 weeks - Ortho re-eval: ~4-6 weeks post-op
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PHASE 2: Generally 7-12 Weeks Post-Op

GOALS:	<ol style="list-style-type: none"> 1) Symmetrical knee ROM 2) > 90% quadriceps and HS strength compared to the uninvolved limb 3) Hop without pain using good form 4) Meet occupational requirements at 3 months
PRECAUTIONS:	<ul style="list-style-type: none"> - Sport-specific training initiated when quadriceps strength is at least 80% of uninvolved limb
REHABILITATION:	<ul style="list-style-type: none"> - 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)
	<ul style="list-style-type: none"> - 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:	<ul style="list-style-type: none"> - 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:	<ul style="list-style-type: none"> - Y-balance, hop testing, and isokinetic where available
MISCELLANEOUS:	<ul style="list-style-type: none"> - 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 (i.e. airborne school) 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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