



United States Military-Baylor University  
Post-professional Sports Medicine-Physical Therapy Doctoral Program  
Keller Army Community Hospital, West Point, New York  
"Academic, Research, and Clinical Excellence"

**ARTHROSCOPIC KNEE REHABILITATION GUIDELINES**

(For partial meniscectomy, lateral release, plica excision, patellar shaving, etc.)

**PRE-OP:**

**EVALUATION:** Gait, Effusion, ROM, Quad Tone, JLT

**CRUTCHES:** Instruction in PWB 3-point gait (Level surfaces and stairs)

**PNT EDUCATION:** Instruct in Phase I exercises. Goals, Precautions & Discharge Criteria

**PHASE I: INPATIENT REHABILITATION:**

(Generally lasts 2-3 days)

**POD 1 - D/C:**

**CRUTCHES:** PWBAT

**EXERCISE:** Note: Exercise prescription is dependent upon the tissue healing process and *individual* functional readiness in *all* stages. If any concerns or complications arise regarding the progress of any patient, physical therapy will contact the orthopedic doctor

SQ, SLRs, Heal slides or PEAfS

Calf pumping

Hamstring stretching

Ice (or cryocuff) with knee elevated and in an extended position

UBE (optional)

**WOUND:** Debulk dressing / Dressing changed POD 2  
Check for Erythema/Abnormal Temperature/Excessive Effusion/Drainage

**DOCUMENTATION:** Neurovascular status, Gait status  
Pain Level  
ROM (after exercise) & Quad Function (Tone/SLR)  
Precautions

**Goals for Hospital Discharge:**

1. Good quad contraction (perform good Quad Set or SLR w/o lag)
2. 0-90° ROM
3. Independent in WBAT ambulation with crutches

4. *No evidence of infection*
5. *Effusion & Pain controlled*

**PHASE II: BASIC FUNCTIONAL TRAINING PHASE:**

\*Note - should begin 3-5 days post surgery

**FOLLOW-UP:** P.T. - At 2, 4 and 6 weeks. As needed after 6 weeks.

**DOCUMENTATION:** Gait Status, Effusion, ROM, Quad function (Tone), Patellar Mobility  
Current exercises & modalities

**CRUTCHES:** D/C Crutches when:  
*Effusion is under control*  
*0-100° AROM*  
*Normal gait pattern*  
*Performs: 30 SLRs w/o an extension lag*  
*15 second single leg balance (eyes-open)*

**EXERCISE:** Progress to the following exercises as the patient is functionally ready:  
Stationary Bike (progressing gradually) Progress as tolerated to stairmaster,  
Rowing, or Nordic Track  
Forward, lateral and Retro Step-ups (4"→8")  
Leg Press (Low weight, high repetitions in painless ROM)  
Gastroc / Soleus press  
HS curls  
Mini-Squats (progress to single leg when quad control is sufficient)  
Proprioceptive/Kinesthetic training  
Single Leg Body Blade  
BAPS Proprioceptive Training BAPS (Progress through levels w/  
eyes opened/closed)  
Plyoback training  
Phase I-II Aquatic Therapy (**P.T. Supervised BIW**; see Aquatics Program)  
Pool Walking/Jogging (Deep and Shallow Water)  
Bicycling / High Knees  
Flutter Kick (knee remains extended)  
Treading water  
Kickboard swimming  
Shuffling, & Carioca  
Swimming  
Modified aquatic sports activities

**Note: The Aquatic Program begins only after the incision site is completely closed and sloughing.**

**WOUND:** Remove staples/sutures @ 7-10 days per P.T.  
May shower the morning after sutures are removed  
Begin scar massage after incision site sloughs / scar is formed.

**CRITERIA FOR PROGRESSION TO PHASE III:**

1. *Full AROM without pain*

2. *Able to hop repetitively without pain*
3. *Stair Ambulation w/o difficulty (pain, swelling, or the sensation of giving-way)*
4. *Pain and Effusion minimal*

**PHASE III: ADVANCED STRENGTHENING & FUNCTIONAL TRAINING**

**EXERCISES:** Continue phase II strengthening at higher intensity.  
 Progress to the following exercises as the patient is functionally ready:  
 Jogging (progressing gradually)  
 Functional Training (see Functional Training Program):  
     Jumping Rope  
     Sport Cord Exercises  
     Lateral Shuffle  
     Forward & Backward Resisted Gait  
     Cone Hopping for Motor Control  
     Agility and coordination exercises  
     Controlled Sporting Activities

**CRITERIA FOR DISCHARGE FROM PHYSICAL THERAPY:**

1. *Running 20-30 min. at normal pace (pre-injury) w/o difficulty (pain, swelling, or giving-way)*
2. *No Effusion*
3. *Single leg hop for distance > 90% of noninvolved lower extremity*

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APPROVE / DISAPPROVE

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