

General Knee Arthroscopy

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The surgeon must specify on the referral any specific requests or deviations that fall outside the scope of this protocol.

Phase I	Phase II	Phase III	Phase IV
(POD 1 – Week 1)	(Weeks 1 – 3)	(Weeks 3 – 6)	(Weeks 6 – Discharge)
<p>CLINIC CARE</p> <ul style="list-style-type: none"> • WBAT • D/C crutches as soon as able, unless under WB restrictions • Allow wound healing • NMES prn • Manual techniques if indicated <p>ROM</p> <ul style="list-style-type: none"> • AROM/PROM emphasizing full extension <p>EXERCISE</p> <ul style="list-style-type: none"> • Ankle pumps • Quad set • SLR in 4 planes • Partial squats • Calf raises • Hamstring, gastrocnemius, quadriceps stretching prn • Balance exercises <ul style="list-style-type: none"> ○ weight shifting ○ SLS with support <p>GOALS</p> <ul style="list-style-type: none"> • Working towards full extension • SLR without lag • Re-establish quadriceps activation¹ • ≥ 90° flexion ROM, working towards full knee extension² 	<p>CLINIC CARE</p> <ul style="list-style-type: none"> • Manual techniques if indicated. Examples: scar and patellar mobilizations <p>ROM</p> <ul style="list-style-type: none"> • Exercises as indicated to achieve full ROM and flexibility • Stationary Bike <p>EXERCISE</p> <ul style="list-style-type: none"> • Leg press (bilateral and unilateral) • TKE • Forward step-ups/downs • Lateral step-ups/downs • Wall slides • IT and hip flexor stretching prn • Proprioception <p>GOALS</p> <ul style="list-style-type: none"> • Restore ≥115° of flexion, full knee extension² • Restore normal gait without an assistive device 	<p>CLINIC CARE</p> <ul style="list-style-type: none"> • Observe and correct for knee/hip alignment (functional valgus at knee and pelvic drop) with squatting and single limb activities <p>ROM</p> <ul style="list-style-type: none"> • Symmetrical and full ROM • Progress biking <p>EXERCISE</p> <ul style="list-style-type: none"> • Progress CKC activities minimizing dynamic valgus at the knee and pelvis. • Body weight squats • Lunges • Single leg squats • Initiate jog/run program • Advance balance exercises • wobble/balance board • high-level BAPS • Functional SLS UE/LE reaching • Sports specific/work activities as tolerated • Initiate agility training <p>GOALS</p> <ul style="list-style-type: none"> • Full ROM • Minimal dynamic valgus with exercise 	<p>CLINIC CARE</p> <ul style="list-style-type: none"> • Work and/or sport specific training and return to sport testing • Observe and correct for soft, low squat landing with plyometrics, maintaining good alignment at pelvis and knee. <p>EXERCISE</p> <ul style="list-style-type: none"> • Progress jogging speed and distance, eventually to full speed running if needed • Bilateral plyometrics progressing to unilateral <ul style="list-style-type: none"> ○ squat jumps ○ tuck jumps ○ box jumps ○ 180° jumps ○ scissor hops ○ unilateral hopping drills • Progress sports specific/ work tasks as tolerated • Begin sprints and cutting drills: <ul style="list-style-type: none"> ○ straight line, ○ figure 8 ○ circles ○ 45° and 90° turns carioca ○ lateral movements ○ power skipping <p>GOALS</p> <ul style="list-style-type: none"> • Functional sport testing as needed • Return to desired activity levels

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Questions and updates regarding the progress of any specific patient are encouraged and should be directed to Dr. Cooper at 952-456-7617.