



Knee Arthroscopy

(Meniscectomy, Chondroplasty, Synovectomy, Loose Body Removal)

Postoperative Therapy Plan

Date of Surgery: _____

Details of Surgery: _____

Surgeon: _____

Next Follow Up with MD/PA: _____

Additional Info: _____

Restrictions/Precautions:

WB Precautions:

- WBAT with crutches until cleared by PT

Brace:

- None

Other Precautions:

-

Important Notes:

1. Weeks and months are designated in their relationship to the postoperative timeline in the grids below (e.g. Week 1 indicates postoperative days 0-7).
2. If a precaution/restriction is listed x 4 weeks it indicates **a full 4 weeks**, so it is lifted after day 28.
3. Notes above supersede any notes in the grid below, as they indicate the surgeon's preferences for this individual patient and the circumstances of their surgery.

Phase 1: Acute Postop (Weeks 1+2)	
PRECAUTIONS	<ul style="list-style-type: none"> • WBAT with crutches until cleared by PT with sufficient quad engagement, mechanics
Rehab Focus	<ul style="list-style-type: none"> • Pain and swelling management • Tibiofemoral and patellofemoral mobility normalization • Progressive WB to full • Gait normalization • Quad activation • Patient education + expectation setting
Interventions to Consider	<p><u>Pain and swelling:</u></p> <ul style="list-style-type: none"> - Ice, compression, elevation - Ankle pumps <p><u>Mobility:</u></p> <ul style="list-style-type: none"> - PROM of knee into flexion and extension, attention to hyperextension - AA/AROM into flexion and extension - Low intensity, long duration stretches (eg. heel prop) - Patellar mobilization - Bike and elliptical as tolerated with minimal resistance <p><u>Strength/Activation:</u></p> <ul style="list-style-type: none"> - Quad sets progressing to SLR without lag - NMES - BFR encouraged if appropriate - DL mini squats - Proximal (hip + core) strengthening <p><u>Gait:</u></p> <ul style="list-style-type: none"> - Symmetric loading without compensation or obvious gait deviation - Attention to TKE integration into gait, ample swing limb clearance <p>Proprioception: Progress toward single leg static stance</p>
<p>Criteria for Progression to Phase 2:</p> <p>____ AROM \geq 0-110°</p> <p>____ SLR without extension lag</p> <p>Important Milestones:</p> <p>____ Symmetric passive extension</p> <p>____ SL stance x 10 sec</p> <p>____ WNL gait without assistive device</p>	

Phase 2: Subacute Postop (Weeks 3-5)	
Rehab Focus	<ul style="list-style-type: none"> • Restore/maintain full and pain free ROM • Quad endurance • Proprioception • Proximal strength/endurance

	<ul style="list-style-type: none"> Gradual return to functional activities
Interventions to Consider <i>Continue previous interventions as appropriate</i>	<p><u>Mobility:</u></p> <ul style="list-style-type: none"> Continued attention to knee hyperextension Progressive knee flexion toward symmetrical as tolerated <p><u>Strength + Endurance:</u></p> <ul style="list-style-type: none"> BFR encouraged if appropriate, attention to quad engagement/endurance Progress squat depth to 90° as tolerated Progress proximal (hip + core) strength/endurance SL step ups <p><u>Neuromuscular Re-Education:</u></p> <ul style="list-style-type: none"> Proprioception + single leg stability: <ul style="list-style-type: none"> Progress to include vestibular/visual challenges, stable to unstable surfaces as appropriate Early neurocognitive training as appropriate <p><u>Gait:</u></p> <ul style="list-style-type: none"> Normalize gait mechanics without assistive device Initiation of reciprocal stair climbing <p><u>Cardio:</u></p> <ul style="list-style-type: none"> Progress bike and elliptical duration, resistance Initiation of swimming or pool walk/jog if incisions fully closed
Criteria for Progression to Phase 3: ____ Symmetric knee AROM ____ SLR x 20 without extension lag Important Milestones: ____ Pain free SL mini squat	

Phase 3: Late Postop (Weeks 6+)	
Rehab Focus	<ul style="list-style-type: none"> Optimize muscle strength and endurance Full return to sport and functional activities
Interventions to Consider <i>Continue previous interventions as appropriate</i>	<p><u>Strength:</u></p> <ul style="list-style-type: none"> Continued progression of quad, hamstring, proximal strength + control Functional loaded strengthening progressions <p><u>Sport Specific:</u></p> <ul style="list-style-type: none"> Power progression Controlled multiplanar movements and hops with optimal mechanics Initiate controlled pivoting and cutting Continued progression of neurocognitive tasks High intensity sport specific movement re-training, sport specific drills Power and plyometric under fatigued conditions, neurocognitive demands

	Cardio: - Continued cycling, swimming, elliptical, running
If not returning to a sport: <input type="checkbox"/> Return to all desired recreational activities without pain or limitation <input type="checkbox"/> Quad strength LSI \geq 90% Criteria for Return to Sport: See SLHS Return to Sport Testing Protocol <input type="checkbox"/> LQYBT composite \geq 95% <input type="checkbox"/> Hop Testing LSI \geq 95% <input type="checkbox"/> Quad and Hamstring LSI \geq 95% Follow up with surgeon regarding official return to sport status.	