

## Standard Knee Arthroscopy Rehabilitation Protocol

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-1	<ul style="list-style-type: none"> <li>• Decrease pain and swelling</li> <li>• Promote PRICE principles</li> <li>• Initiate knee AAROM to AROM</li> <li>• Minimize muscle atrophy</li> <li>• Normalize gait</li> </ul>	<ul style="list-style-type: none"> <li>• Keep incisions clean and dry</li> <li>• OK to shower with small arthroscopy portal incisions (with steri-strips or sutures) 4 days after surgery</li> <li>• excessive activities</li> <li>• Weightbearing as tolerated (WBAT)</li> </ul>	<ul style="list-style-type: none"> <li>• Stationary Bike</li> <li>• Active assisted progressing to active range of motion</li> <li>• Initiate Isometrics: quad, hamstring, glute, abdominal</li> <li>• Isotonic exercises: ankle, knee, hip, straight leg raises, closed kinetic chain (CKC) therapeutic exercise, begin blood flow restriction(BFR) if available</li> <li>• Cryotherapy</li> <li>• Objective Measures: Knee Rom, Sweep Test, SLR without extensor lag, Gait Assessment</li> <li>• Initial visit: FOTO, LEFS PRO</li> </ul>
Weeks 2-4	<ul style="list-style-type: none"> <li>• Achieve full knee ROM</li> <li>• Obtain ≥80% limb symmetry                             <ul style="list-style-type: none"> <li>○ HHD</li> </ul> </li> <li>• Anterior Y balance ≤4 cm difference in anterior direction; ≥90% LSI in posterior direction</li> <li>• Improve proprioception</li> <li>• Resume activities of daily living</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor pain and swelling before and after rehab sessions</li> <li>• Minimize high impact activities</li> <li>• Examine movement quality with all exercise</li> <li>• Avoid twisting, pivoting</li> </ul>	<ul style="list-style-type: none"> <li>• Full AROM</li> <li>• Advance core and lower extremity (LE) CKC exercises.                             <ul style="list-style-type: none"> <li>○ Single plane/multi joint</li> <li>○ Multi plane/multi joint</li> </ul> </li> <li>• Initiate proprioception and balance training</li> <li>• Progress aerobic and anaerobic nonimpact cardiovascular exercise</li> <li>• Cryotherapy / Modalities as needed</li> <li>• Objective Measures: full knee ROM, sweep test, hand held dynamometry (HHD) strength, Y Balance</li> <li>• Week 3-4: FOTO, LEFS PRO</li> </ul>
Weeks 4-8	<ul style="list-style-type: none"> <li>• Obtain ≥90% limb symmetry                             <ul style="list-style-type: none"> <li>○ HHD</li> <li>○ clinical dynamometer testing</li> </ul> </li> <li>• Single leg hop testing ≥90% limb symmetry</li> <li>• Progressive return to all activities and sports</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid knee joint irritation</li> <li>• Monitor pain and swelling pre and post rehab sessions</li> <li>• Examine form and movement quality with all exercise</li> <li>• Systematic initiation of power, speed, impact and return to sport activities</li> </ul>	<ul style="list-style-type: none"> <li>• Advance Strengthening                             <ul style="list-style-type: none"> <li>○ Multi-planar</li> </ul> </li> <li>• Initiate agility and plyometrics                             <ul style="list-style-type: none"> <li>○ Simple to complex</li> <li>○ Single plane to multiplanar</li> <li>○ Low load to high load</li> <li>○ Low velocity to high velocity</li> </ul> </li> <li>• Advance to sport specific activity                             <ul style="list-style-type: none"> <li>○ Low level to higher demand</li> <li>○ Moderate speed to high speed</li> </ul> </li> <li>• Maximize aerobic and anaerobic interval training</li> <li>• Cryotherapy</li> <li>• Specific Movement Assessment</li> <li>• Week 6-8: Functional testing</li> <li>• Week 6-8: FOTO, LEFS PRO</li> </ul>

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process. Each patient's progress may vary based on specifics of their injury and procedure.