HSS – ERPB
523 E 72nd St, 6th Fl
New York, NY

HSS – West Side
610 W 58th St
New York, NY

HSS – Brooklyn
148 39th St, 7th Floor
Brooklyn, NY

DR. GABRIELLA ODE

Sports Medicine & Shoulder Surgery

www.GabriellaOdeMD.com

www.gabriellaodemd.com

Ode Office Tel: 212.606.1403
Ode Office Fax: 917.260.4903

PHYSICAL THERAPY PROTOCOL
KNEE ARTHROSCOPY

PROCEDURE	**Date of Surgery:** _____ **R L B/L** Knee Arthroscopy [ ] Partial Meniscectomy – Medial Lateral Medial & Lateral [ ] Chondroplasty – MFC LFC PF [ ] Loose Body Removal [ ] Limited Debridement **Additional Procedures:** _____ ***If procedures combined - combine protocol instructions and follow more conservative recommendations.***	**PLAN** **Physical Therapy for R L B/L** Lower Extremity 2-3x Per Week x 8 Weeks
General Guidelines	Please read and follow guidelines below. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. Concomitant injuries such as degenerative joint disease may alter the guidelines. Follow physician's modifications as prescribed	
PHASE I (Weeks 0-2)	**Emphasize Normal gait pattern** **Emphasize patient compliance with HEP** **GOALS** ▪ Full passive extension ▪ Control post-operative pain / swelling ▪ Progressive ROM, advance as tolerated ▪ Normalized gait	**PRECAUTIONS** ▪ Avoid prolonged standing/walking ▪ Premature discharge of assistive device ▪ Non-reciprocal stair ambulation ▪ Avoid unilateral stance activities

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	▪ Prevent quadriceps inhibition ▪ Independence in home therapeutic exercise program **TREATMENT RECOMMENDATIONS** ▪ Quadriceps re-education, patella mobilization, A/AAROM for knee flexion, knee extension, hip progressive resisted exercises, proprioception training, cryotherapy with knee extension, modalities for muscle re-education, pain and edema, prn ▪ Emphasize patient compliance to HEP and weight bearing precautions/progression	**MINIMUM CRITERIA FOR ADVANCEMENT TO NEXT PHASE:** ▪ 0° knee extension, minimum of 125° knee flexion ▪ Demonstrate ability to unilateral (involved extremity) weight bear without pain

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PHASE II **(Weeks 2-6)**	**Emphasize eccentric quadriceps control** **Emphasize functional progression** **GOALS** ▪ Full ROM ▪ Minimal swelling ▪ Able to reciprocate stairs ▪ Ascend and descend 8" stairs with good control, without pain **TREATMENT RECOMMENDATIONS** ▪ Continue phase I exercises as appropriate ▪ Advance exercises as tolerated: flexibility, leg press, OKC KE in a pain-free, crepitus-free arc, proprioceptive training, step up/ step down program, elliptical trainer ▪ Progress/advance patient's home exercise program (evaluation based) ▪	**PRECAUTIONS** ▪ Avoid pain with therapeutic exercise & functional activities **MINIMUM CRITERIA FOR ADVANCEMENT** ▪ ROM WNLs ▪ Demonstrate ability to descend 8" step ▪ Good patella mobility Functional progression pending functional assessment
PHASE III **(Weeks 6-8)**	**Emphasize return to function/sport** **GOALS** ▪ Return to full activity level ▪ Demonstrate ability to run pain free ▪ Maximize strength and flexibility as to meet demands of ADLs	**PRECAUTIONS** ▪ Avoid pain with therapeutic exercise & functional activities ▪ Running and sport activity when adequate strength and MD gives clearance ▪ Patellofemoral pain

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	▪ Isokinetic Testing and/ or Hop Test ≥ 85% limb symmetry **TREATMENT RECOMMENDATIONS** ▪ Initiate running when able to descend an 8" step without pain/ deviation, plyometrics, agility – sport specific training, advanced proprioceptive training, advanced LE strengthening	**CRITERIA FOR DISCHARGE:** ▪ Hop Test ≥ 85% limb symmetry ▪ Lack of apprehension with sport specific movements ▪ Flexibility to accepted levels of sport performance ▪ Independence with gym program for maintenance and progression of therapeutic exercise program at discharge ▪ Protect patello-femoral joint from excessive load