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**PHYSICAL THERAPY PROTOCOL
 KNEE ARTHROSCOPY**

<p>Procedure</p>	<p>Date of Surgery: _____</p> <p style="text-align: center;">R L B/L Knee Arthroscopy</p> <p>[] Partial Meniscectomy – Medial Lateral Medial & Lateral</p> <p>[] Chondroplasty – MFC LFC PF</p> <p>[] Loose Body Removal</p> <p>[] Limited Debridement</p> <p>Additional Procedures: _____</p>
<p>Plan</p>	<p style="text-align: center;">Physical Therapy for R L B/L Lower Extremity</p> <p style="text-align: center;">2-3x Per Week x 8 Weeks</p>
<p>General Guidelines</p>	<p>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. 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.</p> <p>Follow physician's modifications as prescribed</p>
<p>Phase I (Weeks 0-2)</p>	<p>Emphasize Normal gait pattern</p> <p>Emphasize patient compliance with HEP</p> <p>Goals:</p> <ul style="list-style-type: none"> ▪ Full passive extension ▪ Control post-operative pain / swelling ▪ Progressive ROM, advance as tolerated ▪ Normalized gait ▪ Prevent quadriceps inhibition ▪ Independence in home therapeutic exercise program <p>Precautions:</p> <ul style="list-style-type: none"> ▪ Avoid prolonged standing/walking ▪ Premature discharge of assistive device ▪ Non-reciprocal stair ambulation ▪ Avoid unilateral stance activities

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	<p>Treatment Recommendations</p> <ul style="list-style-type: none"> ▪ 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 <p>Minimum Criteria for Advancement to Next Phase:</p> <ul style="list-style-type: none"> ▪ 0° knee extension, minimum of 125° knee flexion ▪ Demonstrate ability to unilateral (involved extremity) weight bear without pain
<p>Phase II (Weeks 2-6)</p>	<p>Emphasize eccentric quadriceps control Emphasize functional progression</p> <p>Goals:</p> <ul style="list-style-type: none"> ▪ Full ROM ▪ Minimal swelling ▪ Able to reciprocate stairs ▪ Ascend and descend 8" stairs with good control, without pain <p>Precautions:</p> <ul style="list-style-type: none"> ▪ Avoid pain with therapeutic exercise & functional activities <p>Treatment Recommendations:</p> <ul style="list-style-type: none"> ▪ 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 patients home exercise program (evaluation based) <p>Minimum Criteria for Advancement:</p> <ul style="list-style-type: none"> ▪ ROM WNLs ▪ Demonstrate ability to descend 8" step ▪ Good patella mobility ▪ Functional progression pending functional assessment
<p>Phase III (Weeks 6-8)</p>	<p>Emphasize return to function/sport</p>

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Goals:

- Return to full activity level
- Demonstrate ability to run pain free
- Maximize strength and flexibility as to meet demands of ADLs
- Isokinetic Testing and/ or Hop Test \geq 85% limb symmetry

Precautions:

- Avoid pain with therapeutic exercise & functional activities
- Running and sport activity when adequate strength and MD gives clearance
- Patellofemoral pain

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 \geq 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