

Knee Arthroscopic Debridement

Meniscectomy, Chondroplasty, Synovectomy, Removal loose/foreign body

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Pre-operative Rehabilitation

GOAL: Optimize medical and physical conditions to maximize likelihood of achieving operative goals. Review post-operative protocol/restrictions and address any concerns about living environment/ADL's. The patient and surgeon should have similar goals and expectations relative to the surgery and the expected outcomes.

Postoperative rehabilitation

GOAL: Restore range of motion and strength, such that function is optimized to achieve surgeon and patient goals. Range of motion and strength often dictate functional outcome. Eliminate (or minimize) pain depending on clinical situation. The ranges below are indicative of differences in recovery times as determined by factors such as age, activity level, medical conditions, conditioning, and tissue quality. The intent is to rehab as aggressively as possible while allowing for proper healing of the surgically treated tissue.

PHASE I: Weeks 1-4

- 1) Immediate post-operative PT visit: educate patients on precautions, review swelling and pain management, check wound
 - a) Pain, swelling and limping are guidelines to indicate the patient is doing too much and needs to back off. Teach the patient to adhere to these symptoms when progressing activities and exercises
- 2) ROM: no restrictions
- 3) Gait training: WBAT
 - a) Reviewed activity modifications for swelling/pain
- 4) Exercises/therapy activities
 - a) Isometrics: focus on quad control
 - b) LE Flexibility
 - c) Core, hip, knee and ankle strength
 - d) CKC – initiate as tolerated
 - e) Balance/proprioception
- 5) GOALS: manage pain/swelling, normalize gait and quad function

PHASE II: Weeks 4-8

- 1) Continue exercises with progressive strength and endurance training
 - a) Cardio: bike, elliptical, treadmill walking
 - b) CKC: bilateral and advance to unilateral
 - c) Balance/proprioception training
- 2) GOALS: full ROM, minimal swelling/pain, normal gait

PHASE III: Weeks 8-12

- 1) Continue progressive strengthening
 - a) Cardio: Elliptical, Stairmaster, bike
 - b) CKC: progress to unilateral
 - c) Balance/proprioception
- 2) Evaluate return to jogging – as tolerated
 - a) Jumping progressing to unilateral hops
 - b) Interval jogging
 - i) Walk: jog interval – length and number of intervals depends on overall conditioning
 - c) Return to higher impact activities including collision/contact sports

Return to functional goals: i.e. sport/work: Upon completion of proper rehab you'll be cleared to return to sport. This may require a functional evaluation by the therapist which will aid the surgeon in determining the appropriate timing. This should be consistent with the preoperative discussions, but are often variable. Please make sure you understand the process for return to sport which will almost always involves a gradual progression. **For young athletes with minimal articular cartilage injury, the protocol can be significantly expedited. I.e 3-4 w**