

Knee Arthroscopic LOA/MUA

Dr Barton Branam

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) Primary GOAL is to maintain full ROM that was achieved during surgery
 - a) Educate patient on importance of consistent ROM exercises at home as well as in PT
 - b) Moving into end range every hour for HEP
 - c) Exercises to include but not limited to
 - i) Heel slides
 - ii) Seated knee flex in a chair
 - iii) Knee extension with heel prop
- 2) Gait training: WBAT, wean from assistive devices per therapist
 - a) Reviewed activity modifications for swelling/pain
 - b) Weight shifts
 - c) Cone walking
- 3) Exercises/therapy activities **This is a secondary goal as function will return pending ROM**
 - a) Isometrics: focus on quad control
 - b) LE Flexibility
 - c) Core, hip, knee and ankle strength
 - d) CKC – initiate as tolerated
 - e) Balance/proprioception
- 4) GOALS: FULL ROM

PHASE II: Weeks 4-8

- 1) Progress toward function exercises with maintaining full ROM
- 2) Progressive strength and endurance training
 - a) Cardio: bike, elliptical, treadmill walking
 - b) CKC: bilateral and advance to unilateral
 - c) Balance/proprioception training

3) GOALS: full ROM, minimal swelling/pain, normal gait

PHASE III: Weeks 8-12

1) Continue progressive strengthening and wean to indep with HEP

Return to sport/work: Return to sport or work is often the ultimate goal. This will be variable and determined by multiple factors including patient factors and the sport/job. It is important to make certain that the patient has the necessary ROM and strength to appropriately function as an athlete or in the work environment. Thus, we want you to safely return to all the things that give you outstanding quality of life.

***Patient's frequently ask when "can I go out of town and miss physical therapy". Typically for at least the first month we strongly recommend you make rehabilitating your knee a priority. This requires appropriate commitment to exercises and the appropriate supervision. Traveling significant distances puts the patient at risk for blood clots. Thus, we discourage significant travel until the patient is highly mobile. Upon being cleared to travel, the patient must be well educated regarding a home exercise program(HEP). The patient should check back in with the physical therapist immediately upon return.