

Knee Arthroscopy with JointRep

Phase 1 – Mobility (Week 0-2)

Short Term Goals for Phase 1:

1. Protect the surgical repair
2. Education: posture, joint protection, positioning, hygiene, restrictions, ADL's
3. Minimize pain and inflammatory response
4. Optimize walking pattern within weight bearing restrictions
5. Regain ROM (within allowable range)
6. Begin physiotherapy within 5 days after surgery

Restrictions/Precautions for Phase 1:

- 20% weight bearing for 7 weeks
 - At 8 weeks post-op can progress to 50% WB
 - At 9 weeks post-op can progress to 75% WB
 - At 10 weeks post-op can progress to 100% WB
- No driving (Minimum 6 weeks)
- Avoid getting incisions wet
- No twisting/pivoting on operative leg

Management Recommendations for Phase 1:

- Mobility:
 - Upright bike for ROM (no resistance)
 - AAROM for flexion and extension
 - Walking with crutches, emphasizing optimal pattern (within restriction) and equal stride length
 - PROM flexion and extension
- Muscle activation/awareness:
 - Isometric setting of quadriceps, glutes and hamstrings
 - Core stability
- Pain and inflammatory control:
 - Ankle pumping with leg resting in an elevated position (above heart)
- Modalities: home cryotherapy for ~20 minutes every few hours
- Scar Management: keep incisions clean and dry
- Pool Therapy: enhanced neuromuscular control of functional activities that cannot be performed on land

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Phase II – Neuromuscular Control & Strength (Week 2-6)

Requirements to progress to Phase II:

1. Follow-up with Dr. Wong two weeks post surgery
2. Appropriate pain and inflammatory control
3. Compliant with recommendations/restrictions to ensure appropriate healing from surgery

Short Term Goals for Phase II:

1. Minimize pain and inflammatory response
2. Neuromuscular control and balance of the lower extremity
3. Maintain ROM within appropriate guidelines

Restrictions/Precautions for Phase II:

- 20% weight bearing for 7 weeks
 - At 8 weeks post-op can progress to 50% WB
 - At 9 weeks post-op can progress to 75% WB
 - At 10 weeks post-op can progress to 100% WB
- No driving (Minimum 6 weeks)
- No twisting/pivoting on operative leg

Management Recommendations for Phase II:

- Mobility:
 - Upright bike for ROM (no resistance)
 - AAROM for flexion and extension
 - Walking with crutches, emphasizing optimal pattern (within restriction) and equal stride length
 - PROM – immediate goal is to regain 0° extension
- Muscle activation/awareness:
 - Full knee extension is crucial with optimal VMO control (all exercises to be completed with NMES)
 - Terminal extension
 - QOR
 - SLR
 - Glute and hamstring strength
 - Clamshell
 - Bridging
 - Functional exercises
- Pain and inflammatory control:
 - Modalities: home cryotherapy for ~20 minutes every few hours
- Scar Management: keep incisions clean and dry
- Pool Therapy: enhanced neuromuscular control of functional activities that cannot be performed on land

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Phase III – Function (6-12 weeks+)

Requirements to progress to Phase III:

1. Follow-up with Dr. Wong @ 6 weeks
2. Near full AROM knee flexion and extension
3. Symmetrical gait pattern

Short Term Goals for Phase III:

1. Restore full active knee mobility with correct motor recruitment
2. Improve neuromuscular control and endurance of knee and hip stabilizing musculature
 - Focus on correct recruitment and activation patterns to prevent muscle imbalances (including lower crossed postural syndrome and PFS)
3. Optimize proprioception and balance
4. Normalize gait biomechanics

*****No high impact or sports until 1 year post-op*****

Management Recommendations for Phase III:

1. Muscular strength and Control:
 - Quadriceps strength – closed and open packed
 - Hamstring strength
 - Prone hamstring curl – focus on eccentric control (with appropriate resistance)
 - Gluteus maximus and medius strength and control
 - Sahrman single leg wall glute med squat (both sides)
 - Patellar stabilization and control (**After 50% WB @ 8 weeks)
 - Mini squatwall squatfree squatsingle leg squat
 - Static lunge(¼ -> ½ -> full) -> walking lunge (forward, backward, diagonal)
 - Forward and lateral step ups
 - Eccentric step downs
 - Proprioception (**After 100% WB @ 10 weeks post-op)
 - Single leg stance -> eyes closed -> wobble board -> fitter
2. Pool Therapy – *return to work/sport/function simulation*