

Edward S. Chang, MD Orthopaedics and Sports Medicine

OFFICE LOCATIONS

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WEDNESDAY 1005 N. Glebe Rd Suite 410 Arlington, VA 22201 T 571-414-6940 F 703-970-6465

THURSDAY FRIDAY (AM only) 6355 Walker Lane Suite 300 Alexandria, VA 22310 T 703-797-6980 F 703-797-6981

CLINICAL NURSE

Eileen Perri, BSN (703) 797-6918

REHABILITATION GUIDELINES

KNEE ARTHROSCOPY, MICROFRACTURE OF THE PATELLA OR TROCHLEA

The intent of this protocol is to provide the therapist with guidelines of the post-operative rehabilitation course after an arthroscopic meniscectomy. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.

INDIVIDUAL CONSIDERATIONS:

PHASE I (Weeks 0-4)

Weight-bearing Status:

Non-weight-bearing using 2 crutches and knee brace locked in extension for the first 48 hours then, weight-bearing as tolerated with 2 crutches and knee brace locked 0° extension for one week. After the first post-operative visit, brace may be set at $0-30^{\circ}$ maximum flexion for ambulation.

Range-of-motion:

CPM (Continuous Passive Motion) 0-30° for the first 48 hours then, increase 10° per day as tolerated. Discontinue CPM after 6 weeks if full flexion achieved Passive knee flexion and knee extension range-of-motion Wall slides or heel slides to increase knee flexion range-of-motion Wall slides and passive knee extension with heel supported to increase extension range-of-motion

Mobilization:

Patellar mobilization, as needed

Stretching Exercises:

Hamstring, iliotibial band, and calf stretches, as needed

Strengthening Exercises:

Isometric quadriceps sets
Isometric hamstring sets at 70-90° of knee flexion
Straight leg raises
Hip adduction
Ankle plantar flexion with tubing resistance



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PHASE II (Weeks 4-12)

Weight-bearing Status:

Full weight-bearing with knee brace 0-30° Discontinue knee brace at 6 weeks if full quad control achieved

Range-of-Motion and Stretching Exercises:

Continue knee extension range-of-motion exercises, as needed Full knee flexion and extension range-of-motion by 4-6 weeks post surgery

Strengthening Exercises:

Closed-kinetic-chain exercises

Progress with strengthening exercises as above

Active knee extension

Hamstring curls

Seated toe raises with resistance

Pool exercises, if available

Stationary bicycle with seat elevated

Hip abduction, added during the 4th to 5th week, if fair quadriceps contraction is present

PHASE III (Weeks 12-16)

Strengthening Exercises:

Continue progression of strengthening exercises

Closed kinetic chain

- Standing toe raises
- Partial squats
- Leg press exercise
- Step exercises: step-down, step-up, lateral stepping

Walking, Stepper machine

Open kinetic chain

• Isokinetic training: 200+ speed

PHASE IV (4+ Months)

Begin Running program if cleared by physician (see below)

PHASE V (5-6 Months)

Begin Agility and Plyometric program if cleared by physician (see below)

PHASE VI (7-8 Months)

Return to athletics when cleared by Dr. Chang



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REHABILITATION GUIDELINES

RETURN TO RUNNING PROGRAM

PHASE I – Warm Up Walk 15 Minutes, Cool Down Walk 10 Minutes

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Day	1	2	3	4	5	6	7
Week 1	W5/J1x5*		W5/J1x5		W4/J2x5		W4/J2x5
Week 2		W3/J3x5		W3/J3x5		W2/J4x5	
Week 3	W2/J4x5		W1/J5x5		W1/J5x5		Return to Run

Key: W=walk, J=jog

*W5/J1x5= Walk (5 minutes), Jog (1 minute); repeat 5 times

PHASE II – Warm Up Walk 15 Minutes, Cool Down Walk 10 Minutes

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	20 min		20 min		20 min		25 min
2		25 min		25 min		30 min	
3	30 min		30 min		35 min		35 min
4		35 min		40 min		40 min	
5	40 min		45 min		45 min		45 min
6		50 min		50 min		50 min	
7	55 min		55 min		55 min		60 min
8		60 min		60 min			

- Recommendations:
 - o Runs should occur on softer surfaces during Phase 1
 - Non-impact activity on off days
 - Goal is to increase mileage and then increase pace; avoid increasing two variables at once
 - o 10% rule: no more than 10% increase in mileage per week

REHABILITATION GUIDELINES



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AGILITY AND PLYOMETRICS PROGRAM

This program is designed as a guide for clinicians and patients through a progressive return-to-run program. Patients should demonstrate > 80% on a Functional Assessment and started a running program prior to initiating this program (after lower extremity surgery).

PHASE I: ANTERIOR PROGRESSION

Goals:

- Safely recondition the knee
- Provide a logical sequence of progressive drills for pre-sports conditioning

Agility:

- Forward run
- Backward run
- Forward lean in to a run
- Forward run with 3-step deceleration
- Figure 8 run
- Circle run
- Ladder

Plyometrics:

- Shuttle press: Double $leg \rightarrow alternating leg \rightarrow single leg jumps$
- Double leg:
 - o Jumps on to a box \rightarrow jump off of a box \rightarrow jumps on/off box
 - o Forward jumps, forward jump to broad jump
 - o Tuck jumps
 - Backward/forward hops over line/cone
- Single leg (these exercises are challenging and should be considered for more advanced athletes):
 - o Progressive single leg jump tasks
 - o Bounding run
 - Scissor jumps
 - o Backward/forward hops over line/cone

Criteria to Progress:

- No increase in pain or swelling
- Pain-free during loading activities
- Demonstrates proper movement patterns



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PHASE II: LATERAL PROGRESSION

Goals:

- Safely recondition the knee
- Provide a logical sequence of progressive drills for the Level 1 sport athlete

Agility (*Continue with Phase 1 interventions):

- Side shuffle
- Carioca
- Crossover steps
- Shuttle run
- Zig-zag run
- Ladder

Plyometrics:

- Double leg:
 - o Lateral jumps over line/cone
 - o Lateral tuck jumps over cone
 - Single leg (these exercises are challenging and should be considered for the more advanced athletes):
 - Lateral jumps over line/cone
 - Lateral jumps with sport cord

Criteria to Progress:

- No increase in pain or swelling
- Pain-free during loading activities
- Demonstrates proper movement patterns

PHASE III: MULTI-PLANAR PROGRESSION

Goals:

• Challenge athlete in preparation for final clearance for return to sport

Agility:

- Box drill
- Star drill
- Side shuffle with hurdles

Plyometrics:

- Box jumps with quick change of direction
- 90 and 180 degree jumps

Criteria to Progress:

- Clearance from MD
- Functional Assessment
 - >90% contralateral side
- Return to Sport Index