

Rehab guide for patients following:

knee arthroscopy

Prepared for: Rehabilitation Therapists

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Revision: 4

	Movement	Mobility	Rehab/Exercises	Goals before progression
Immediately post-op	No limit to active movement unless concurrent micro# of PFJ (then avoid active 50-30°)	PWB with crutches until 0° extensor lag and slow correct gait pattern No crutches required if good quad control with 0° extensor lag	<ul style="list-style-type: none"> • Full active and passive knee extension • Cryotherapy • Circulatory exercises • Isometric quads 	<ul style="list-style-type: none"> • Upright posture • No limp • Quads control with 0° extensor lag
Discharge - 2 weeks	No limit to active movement unless concurrent micro# of PFJ (then avoid active 50-30°)	Slow correct gait pattern. Walking aids only if patient cannot achieve this without limping	<ul style="list-style-type: none"> • Isometric quads/hamstrings • CKCQ within 60° • ROM • Basic proprioception 	<ul style="list-style-type: none"> • Full passive extension • Independent gait • 0° lag SLR
Week 2-6	FROM with proviso's above	FWB with proviso's above	<ul style="list-style-type: none"> • Ensure full active and passive extension • Concentric hams and CKCQ • Basic proprioception and balance • Static bicycle with increased resistance as effusion dictates • Core • VMO/Hip abductor strength and balance 	<ul style="list-style-type: none"> • Full active and passive extension • Normal gait • Full quad control • Diminishing small effusion • 50% Hams strength

	Movement	Mobility	Rehab/Exercises	Goals before progression
Week 6-12 (Only required if arthroscopic repair surgery has been undertaken)	Ensure knee extension complete	No restrictions	<ul style="list-style-type: none"> • Ensure full active and passive extension • High resistance/ low reps strength lower limb • Bike/static bike mid to full resistance • Core • Basic plyometrics • Proprioception 	<ul style="list-style-type: none"> • Ensure full active and passive extension • VMO/Hip abductor balance • 80-100% Hams strength • Proficient in plyometric programme • Proficient in proprioception programme

SUMMARY

Objectives

- Full knee extension comparable to contralateral side to be encouraged from day one. Any passive block to extension after 6 weeks needs re-referral
- “Correct gait pattern” refers to perfect posture of head, shoulders and pelvis as well as perfect matched stride lengths during gait
- Proprioception work to start ASAP and not necessarily follow the strength programme
- Aim for jog/walk programme by 5-7 weeks. This will vary greatly among patients of various athletic ability.
- Avoid pivoting and twisting sport for 7 weeks.

Notes

- Post surgery patients are routinely reviewed in the orthopaedic clinic at 4-6 weeks.
- Earlier review if patient fails to meet goals
- Clinical queries to be directed to sportsinjurysurgeon@gmail.com