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## **Knee Arthroscopy with Arthroplasty/Chondroplasty Protocol**

### Pre-op:

Instruct in isometrics -QS, hamstring sets, gluteal sets, heel slides, ankle pumps Instructions in gait training with crutches/walker, including stair climbing Instructions in EMS unit (if ordered by M.D.) for pain relief and muscle re-education

### Post-op:

Evaluation by a Physical Therapist  
Progress with home exercise program

### Rehabilitation Considerations:

Due to the shaving of the chondral surface of the femur and tibia in order to encourage cartilage re-growth, the following issues should be considered in your rehabilitation program:

1. Avoid forced ROM. Each patient should progress knee flexion and extension within their limits.
2. Try to avoid weight bearing and closed chain activities early during the healing process. Chondroplasty patients take much longer to heal, generally have significantly more pain and do better with open chain activity/exercises.
3. Bicycle exercise can irritate these patients post-op secondary to the ROM needed to make full revolution.
4. Pool therapy is an excellent method of rehabilitation for abrasion chondroplasty patients, avoid cycling.
5. Keep exercises simple. These patients can take 6-12 months to heal and do well with a good home exercise program.
6. Listen to the patient! Any exercise that causes an increase in pain or flare-up of symptoms should be held until the knee calms down. It should only be reintroduced in the program if and when the patient can perform the exercise without pain.

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### **Acute Phase I:**

#### Goals:

Alleviate acute pain and swelling  
Increase ROM  
Increase hip, hamstring and quadricep strength  
Promote normal ambulation  
Maintain cardiovascular conditioning

#### Plan:

ROM as tolerated  
Heel/wall slides without brace  
Aquatic therapy  
Hamstring and gastroc stretching  
Kinesiotaping as necessary  
Patellar mobilization  
Hamstring and quadriceps co-contraction  
4-Quad (hip flexion, abduction, adduction, extension)  
Modalities for pain and edema control

### **Sub-Acute Phase II:**

#### Goals:

Decrease swelling  
Increase ROM  
Increase strength hip/knee  
Improve general conditioning  
Independent ambulation without assistive device

#### Plan:

Continue Phase I exercises  
N-K for hamstrings only  
ROM knee flex/ext as tolerated  
Stairmaster, treadmill, Elliptical (PAIN-FREE)  
Universal equipment PRE's - leg press  $\frac{1}{4}$  to  $\frac{1}{2}$  Proprioceptive and balance training BAPS and trampoline  
Calf raises  
Aquatic therapy  
Avoid knee extension exercises



**KNEE ARTHROSCOPY  
WITH  
ARTHROPLASTY/CHONDROPLASTY**