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## **Rehabilitation Guideline for Knee Arthroscopy with Lateral Release**

### **Patient Education**

#### **General Anesthesia**

- Do not drive or operate machinery for 24 hours
- Do not consume alcohol or take any sleeping medications or any other non-prescription medication for 24 hours
- Do not make important decisions or sign any important documents in the next 24 hours
- A responsible adult **MUST** stay with you for the rest of the day and also during the night

#### **Wound Care**

- Dressings are to be kept clean and dry. You may remove the dressing 72 hours after your surgery. Do not remove the paper strips over the incisions; they help support the incisions while they are healing. Incisions are closed with stitches under the skin that absorb on their own. A small amount of clear or bloody drainage is normal. A light gauze may be applied to the operative site. This should be changed daily until drainage stops.
- You may shower once dressings are removed. Gently wash incisions with soap and water. The surgical wound should be patted dry with a clean towel after showering. Do not take baths or soak the incisions until 2 weeks after surgery.

#### **Pain and Swelling**

- Ice your knee as frequently as possible for 15-20 minutes. Do not place ice directly on skin as it may cause damage to the skin. Once dressings are removed, place a towel between the ice and your skin.
- Narcotic pain medication will be prescribed for you when you leave the hospital. Take this as directed on the prescription. You may also take up to 400mg of ibuprofen every 6 hours if necessary to help control pain. Do not take this if you have a history of stomach ulcers or are taking blood thinning medications such as Coumadin or Plavix. Discontinue ibuprofen if you develop an upset stomach while taking them. You may become constipated from pain medications. Increase your fluid intake while taking pain medications such as water, prune juice, orange juice, etc. If you are still having a problem you may also take a stool softener.

#### **Driving**

- Driving may resume once you are no longer taking narcotic medications.
- If you had surgery performed on the left knee, once you have stopped taking the narcotic medication, you may begin to drive. If surgery was performed on the right knee, you may drive once you are no longer taking narcotic medication, can ambulate without crutches, and you are confident you can push the brake pedal quickly if necessary. This is generally around 1-2 weeks after surgery.

#### **Rehabilitation**

- Below you will find the therapy program that you will be following for the next several weeks to months. They have been laid out into different categories such as appointments, rehabilitation goals, precautions, suggested therapeutic exercises, range of motion exercises, cardiovascular, and progression criteria. Keep in mind that this is a general timeline and subject to change per patient needs directed by your surgeon.

#### **CALL YOUR SURGEON SHOULD ANY OF THE FOLLOWING OCCUR**

- Fever over 100 degrees taken by mouth or 101 degrees if taken rectally
- Pain not relieved by medication prescribed
- Swelling around incision
- Increased redness, warmth, hardness, or foul odor around incision or examination site
- Numbness, tingling, or cold fingers or toes
- Blood-soaked dressing (small amounts of oozing may be normal)
- Increasing and progressive drainage from incision or examination site
- Unable to urinate
- Persistent nausea/vomiting or inability to eat or drink

**Phase I (1-2 weeks post op)****Date:** \_\_\_\_\_

Appointments	<ul style="list-style-type: none"> <li>• Appointment with physicians office at 2 weeks post op</li> <li>• Appointment with physical therapy 3-5 days post op</li> <li>• Work with athletic trainer every day</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• ROM 0-90 degrees</li> <li>• Adequate quad/VMO contraction</li> <li>• Control pain, inflammation, and effusion</li> <li>• Partial WB to WBAT</li> <li>• Independent in HEP</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• ROM 0-90 degrees</li> <li>• Brace on at all times</li> <li>• Use crutches as needed</li> </ul>
Range of Motion Exercises	<ul style="list-style-type: none"> <li>• Patellar mobs</li> <li>• Ankle pumps</li> <li>• Gastroc/soleus stretching</li> <li>• Prone hang id needed to reach goals</li> <li>• Heel/wall slides if needed to reach goals</li> </ul>
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> <li>• Quad sets with E-stim</li> <li>• Isometric hip adductions</li> <li>• SLR in 4 planes</li> <li>• Hip flexion</li> <li>• Total gym (0-45)</li> <li>• Heel raises/toe raises</li> <li>• Weight shift (side to side, forward to backward)</li> <li>• Single leg balance</li> </ul>
Cardiovascular exercises	<ul style="list-style-type: none"> <li>• None at this time</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• 2+ weeks post op <ul style="list-style-type: none"> <li>○ PROM 0-90 degrees</li> <li>○ Quadricep activation</li> <li>○ WBAT</li> </ul> </li> </ul>

**Phase II (3-6 weeks after surgery)****Date:** \_\_\_\_\_

Appointments	<ul style="list-style-type: none"> <li>• Appointment with physicians office at 6 weeks post op</li> <li>• Appointment with physical therapy at their discretion</li> <li>• Work with athletic trainer every day</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• ROM 0-120 degrees</li> <li>• Adequate quad/VMO control</li> <li>• Control pain, inflammation, and effusion</li> <li>• Full weight bearing at week 6</li> <li>• Increase lower extremity strengthening and endurance</li> </ul>

	<ul style="list-style-type: none"> <li>● Enhance proprioception, balance, and coordination</li> <li>● Complete readiness for sport specific activity</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>● Passive ROM 0-120 degrees</li> </ul>
Range of motion exercises	<ul style="list-style-type: none"> <li>● Patellar mobs</li> <li>● Ankle pumps</li> <li>● Gastroc/soleus/hamstring stretch</li> <li>● Prone hang if needed to reach goal</li> <li>● Heel/wall slides if needed to reach goal</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>● Multi-angle isometrics (0-60 degrees)</li> <li>● Quad sets with biofeedback if available</li> <li>● SLR in 4 planes</li> <li>● Knee extension 90-10 degrees</li> <li>● Heel raises/toe raises</li> <li>● Mini-squats (0-30 degrees)</li> <li>● Leg press-single leg eccentric</li> <li>● Multi-hip machine in 4 planes</li> <li>● Reverse lunges-knee not to migrate over toe</li> <li>● Lateral and forward step up/down</li> <li>● SL balance with plyotoss</li> <li>● Sports cord balance/agility work</li> <li>● Wobble board work</li> <li>● ½ foam roller work</li> </ul>
Cardiovascular Exercise	<ul style="list-style-type: none"> <li>● May initiate bike when 110 degrees flexion is reached</li> <li>● DO NOT use bike to increase flexion</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>● 6+ weeks post op <ul style="list-style-type: none"> <li>○ Full WB</li> <li>○ Quadricep control</li> <li>○ ROM 0-120 degrees</li> <li>○ Balance and coordination in the leg</li> </ul> </li> </ul>

**Phase III (6-12 weeks after surgery)**

**Date:** \_\_\_\_\_

Appointments	<ul style="list-style-type: none"> <li>● Appointment with physican office 6 weeks and 12 weeks post op</li> <li>● Appointments with physical therapy office at their discretion</li> <li>● Rehab with athletic trainer every day</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>● ROM 0-135 degrees</li> <li>● Full weight bearing with quad control and activation</li> <li>● Increase strength and endurance</li> <li>● Control pain and swelling</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>● Soreness in the knee resolving within 24 hours of exercise</li> <li>● Ice 15-20 min as needed</li> </ul>

Range of motion exercises	<ul style="list-style-type: none"> <li>● Passive ROM 0-135 degrees</li> <li>● Hamstring, gastroc, and soleus stretch</li> <li>● ITB and Quad stretch</li> <li>● Patella mobs</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>● SLR in all 4 planes</li> <li>● Heel raises/toe raises</li> <li>● Leg press- SL eccentric</li> <li>● Knee extension (90-10 degrees) with resistance</li> <li>● Lateral and forward step up/downs</li> <li>● Reverse lenges-knee does not migrate over toe</li> <li>● Hamstring curls with resistance (0-90 degrees)</li> <li>● Multi hip machine in 4 planes</li> <li>● Mini squats with resistance (0-45 degrees)</li> <li>● Stool crawl</li> <li>● Straight leg deadlift</li> <li>● DL balance board with plyotoss</li> <li>● Initiate SL steamboats with bans</li> <li>● ½ foam roller work</li> <li>● Wobble board</li> <li>● Sports cord SL agility/balance</li> </ul>
Cardiovascular Exercise	<ul style="list-style-type: none"> <li>● Bike with resistance</li> <li>● EFX/ Stairmaster</li> <li>● Walking program - progress to running program as tolerated</li> <li>● Swimming (kicking)</li> <li>● Initiate backwards peddle/ running</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>● 12+ weeks post op <ul style="list-style-type: none"> <li>○ ROM 0-135</li> <li>○ No pain or swelling</li> <li>○ No muscle imbalances or compensations</li> <li>○ Progressive quad strength and size</li> </ul> </li> </ul>

**Phase IV (12-20 weeks after surgery)**

**Date:** \_\_\_\_\_

Appointments	<ul style="list-style-type: none"> <li>● Appointments with physcians office 12 weeks and 20 weeks</li> <li>● Appointments with physical therapy office at their discretion</li> <li>● Rehab with athletic trainer every day</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>● Increase and maximize function</li> <li>● Maximize strength and endurance</li> <li>● Return to previous activity level</li> <li>● Return to sport spefici functional level</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>● Soreness in the knee resolves within 24 hours after exercise</li> <li>● No muscle imbalances or compensations</li> </ul>

Range of motion exercises	<ul style="list-style-type: none"> <li>● Full ROM</li> <li>● Continue all stretching from Phase III</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>● Continue all strengthening exercises from Phase III</li> <li>● Increase weight and repetitions</li> <li>● Continue all SL activities increasing difficulty</li> </ul>
Cardiovascular Exercise	<ul style="list-style-type: none"> <li>● Bike with resistance for endurance</li> <li>● EFX/stair master for endurance</li> <li>● Backward running</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>● 20+ weeks <ul style="list-style-type: none"> <li>○ No pain or swelling</li> <li>○ No muscle imbalances or compensations</li> <li>○ Full ROM</li> <li>○ Increase in muscle size and strength</li> </ul> </li> </ul>

**\*\*Not all patients will progress to Phase V. Individuals that are involved in sports and physical labor will be progressed, those that are not shoulder continue with progressive, low velocity loading.\*\***

**Phase V (20-24 weeks after surgery)****Date:** \_\_\_\_\_

Appointments	<ul style="list-style-type: none"> <li>• Appointments with physicians office 20 weeks and 24 weeks</li> <li>• Appointments with physical therapy office at their discretion</li> <li>• Rehab with athletic trainer every day</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Return to previous activity level</li> <li>• Return to sport specific functional level</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• Soreness in the knee resolves within 24 hours after exercise</li> <li>• No muscle imbalances or compensations</li> </ul>
Range of motion exercises	<ul style="list-style-type: none"> <li>• Continue all stretching from Phase III</li> </ul>
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>• Increase weight and repetitions</li> <li>• Continue all SL activities increasing difficulty</li> <li>• Plyometric drills and sport specific drills</li> </ul>
Cardiovascular Exercise	<ul style="list-style-type: none"> <li>• Increase running program to meet physical demands and energy systems</li> <li>• Backward running</li> <li>• Begin cutting and agility programs (lateral shuffle, carioca, figure 8)</li> </ul>
Clearance Testing	<ul style="list-style-type: none"> <li>• 24+ weeks <ul style="list-style-type: none"> <li>○ Clearance testing completed and less than 10% deficit compared to non operative leg</li> </ul> </li> <li>• Clearance from physician, physical therapy, and athletic trainer</li> </ul>

**Comments:**


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**Questions: contact our office at 903-729-3214 Opt. 0**

**\*\*Disclaimer: Please note that this protocol is not exact to the patient. It is up to the treating physician when the athlete/patient is able to return to full activities. Time of phases will vary among the specific patient.\*\***