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Knee Debridement & Manipulation

This information and protocol is a guideline, individual variations and changes will apply

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-2 PT 4-5x/week HEP daily	Edema and pain control Maintain full extension Limit quad inhibition Maximize ROM	WBAT No Brace Avoid prolonged standing/walking No reciprocal stair ambulation	Hell slides Quadriceps/hamstring sets Patella mobilization Supine and prone PROM and capsular stretching with and without Tib-Fem distraction Core flexibility and strengthening Stationary bike as tolerated
Weeks 2-4 PT 3-4x/week HEP daily	Maximize ROM Minimal swelling Normalize gait Ascend/Decent 8" stair Reciprocate stairs Return to normal ADLs	WBAT No Brace Avoid pain with therapeutic exercises and functional activities	Continue above Advance rectus femoris and anterior hip capsule stretching Initiate running when able to descend 8" Cycling, elliptical, running as tolerated
Weeks 4-12 PT 2-3x/week HEP daily	Full ROM Return to normal activity Run pain free Maximize strength/flexibility	WBAT No Brace Return to sport (MD directed)	Advance above Add plyometrics Agility and sport specific training