



**Arthroscopy, Debridement, Lateral Release Rehabilitation Protocol\***

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This rehabilitation protocol is designed for patients who undergo arthroscopy, debridement, and/or arthroscopic lateral release.

The protocol is divided into 6 phases according to postoperative weeks (for instance, Phase I = Postoperative Weeks 1-2). Each phase has several categories including:

- v *General observation* of the patient's condition (weight bearing, pain, hemarthrosis, muscle control)
- v *Evaluation* of specific variables with *goals* identified for each
- v Treatment and exercise program, according to *frequency* and *duration*
- v *Rehabilitation goals* which must be achieved to enter into the next phase

The **overall goals** of the reconstruction and rehabilitation are to:

- v Control joint pain, swelling, hemarthrosis (minimal or none)
- v Regain normal knee flexion and extension
- v Regain a normal gait pattern and neuromuscular stability for ambulation
- v Regain normal quadriceps, hamstring lower extremity muscle strength
- v Regain normal proprioception, balance, and coordination for desired activities
- v Achieve optimal functional outcome based on orthopaedic and patient goals

The supervised rehabilitation program is supplemented with a *home self-management program* which the patient performs on a daily basis. The therapist must evaluate the patient thoroughly to implement the enclosed protocol and should see the patient in the clinic for therapeutic procedures and modality treatments which are required for rehabilitation. The majority of this protocol can be accomplished at home provided patient cooperation and follow through are present. The approximate number of rehabilitation visits required for each phase are provided. Additional supervision may be required if a complication develops.

**Important postoperative signs** to monitor include:

- v Swelling of the knee joint or soft tissues
- v Abnormal pain response
- v Abnormal gait pattern with or without assistive device
- v Insufficient flexion or extension motions, limited patellar mobility
- v Weakness (strength/control) of the lower extremity, especially the quads/hamstrings
- v Insufficient lower extremity flexibility
- v Early increased medial patellar instability (greater than 50% width)

The patient is placed into one of four **sports activity** and **occupational activity categories** based on the following scales. It is expected that patients who follow this protocol desire to return to sports activity levels I or II, or very heavy/heavy occupations.

### 1. Cincinnati Knee Rating System Sports Activity Scale

*(check one)*

0 Level I - jumping, hard pivoting, cutting sports (basketball, volleyball, football, gymnastics, soccer)

0 Level II - running, twisting, turning (tennis, racquetball, handball, ice/field hockey, skiing, wrestling)

0 Level III - light recreational sports (bicycling, swimming - no running, twisting, jumping)

0 Level IV - no sports, activities of daily living only

### 2. Cincinnati Knee Rating System Occupational Rating Scale

Factor 1 sitting	Factor 2 standing/ walking	Factor 3 walking on uneven ground	Factor 4 squatting	Factor 5 climbing	Factor 6 lifting/ carrying	Factor 7 pounds carried
0 0 8-10 hrs/day	0 0 0 hrs/day	0 0 0 hrs/day	0 0 0 times/day	0 0 0 times/day	0 0 0 times/day	0 0 0-5 lbs
1 0 6-7 hrs/day	2 0 1 hrs/day	2 0 1 hrs/day	1 0 1-5 times/day	2 0 1 flight 2 times/day	1 0 1-5 times/day	1 0 6-10 lbs
2 0 4-5 hrs/day	4 0 2-3 hrs/day	4 0 2-3 hrs/day	2 0 6-10 times/day	4 0 3 flights 2 times/day	2 0 6-10 times/day	2 0 11-20 lbs
3 0 2-3 hrs/day	6 0 4-5 hrs/day	6 0 4-5 hrs/day	3 0 11-15 times/day	6 0 10 flights/ ladders	3 0 11-15 times/day	3 0 21-25 lbs
4 0 1 hrs/day	8 0 6-7 hrs/day	8 0 6-7 hrs/day	4 0 16-20 times/day	8 0 ladders with weight 2-3 days/week	4 0 16-20 times/day	4 0 26-30 lbs
5 0 0 hrs/day	10 0 8-10 hrs/day	10 0 8-10 hrs/day	5 0 > 20 times/day	8 0 ladders daily with weight	5 0 > 20 times/day	5 0 > 20 lbs

\_\_\_\_\_ points x 2 = \_\_\_\_\_ total points

#### Occupation Rating

#### Total Points

0 Disabled	0
0 Very light	1-20
0 Light	21-40
0 Moderate	41-60
0 Heavy	61-80
0 Very heavy	> 80

## Physical Therapy Visit Timeline\*

Phase	Weeks Postoperative	Minimum # Visits	Maximum # Visits
1	1-2	2	4
2	3-4	2	4
3	5-6	1	2
4	7-8	1	2
5	9-12	1	2
6	13-26	2	3
Total		9	17

### \*Physician Notification

The physician will be notified if the patient (1) fails to meet the expected goals for each phase of the protocol, (2) has a persistent joint effusion, (3) develops a chronic pain syndrome, (4) demonstrates quadriceps shutdown or severe insufficiency, (5) has difficulty with ambulation, or (6) has a limitation of knee motion or patellar mobility.

These problems could result in a modification of this protocol and necessitate further visits to the physical therapist.

### Discharge Criteria (If goals for sports and occupation place patient into different categories, use category with highest functional demand criteria. For symptoms, use Symptom Rating Form found on next page.)

#### *Sports Activity Level I or Heavy/Very Heavy Occupational Rating\**

No pain, swelling, giving-way with level 10 on Symptom Rating Form

KT-2000 < 3 mm (I-N, 134 N, total A/P)

Biodex strength testing: quadriceps & hamstrings strength  $\geq$  85% of opposite limb

Function testing: 2 hop tests, limb symmetry  $\geq$  85%

#### *Sports Activity Level II or Moderate Occupational Rating\**

No pain, swelling, giving-way with level 8 on Symptom Rating Form

KT-2000 < 3 mm (I-N, 134 N, total A/P)

Biodex strength testing: quadriceps & hamstrings strength  $\geq$  80% of opposite limb

Function testing: 2 hop tests, limb symmetry  $\geq$  85%

#### *Sports Activity Level III or Light Occupational Rating*

No pain, swelling, giving-way with level 6 on Symptom Rating Form

KT-2000 3-5 mm (I-N, 134 N, total A/P)

Biodex strength testing: quadriceps & hamstrings strength  $\geq$  70% of opposite limb

Function testing: 2 hop tests, limb symmetry  $\geq$  75%

#### *Sports Activity Level IV (ADL) or Very light Occupational Rating*

No pain, swelling, giving-way with level 4 on Symptom Rating Form

KT-2000 3-5 mm (I-N, 134 N, total A/P)

Biodex strength testing: quadriceps & hamstrings strength < 70% of opposite limb

Function testing: 2 hop tests, limb symmetry < 75%

\*patients desiring to return to sports or strenuous work activities may require 4-6 more physical therapy visits during postoperative weeks 25-52 for advanced neuromuscular, strength, and activity-specific training to prevent reinjury.

# Cincinnati Knee Rating System Symptom Rating Form

Scale	Description
10	Normal knee, able to do strenuous work/sports with jumping, hard pivoting
8	Able to do moderate work/sports with running, turning and twisting; symptoms with strenuous work/sports
6	Able to do light work/sports with no running, twisting or jumping; symptoms with moderate work/sports
4	Able to do activities of daily living alone; symptoms with light work/sports
2	Moderate symptoms (frequent, limiting) with activities of daily living
0	Severe symptoms (constant, not relieved) with activities of daily living

## 1. PAIN (circle one)

10 — 8 — 6 — 4 — 2 — 0

## 2. SWELLING (circle one)

10 — 8 — 6 — 4 — 2 — 0

## 3. PARTIAL GIVING-WAY (circle one) (partial knee collapse, no fall to the ground)

10 — 8 — 6 — 4 — 2 — 0

## 4. FULL GIVING-WAY (circle one) (knee collapse occurs with actual falling to the ground)

10 — 8 — 6 — 4 — 2 — 0

## Return to Activities Warning

Return to strenuous activities after arthroscopy, debridement or lateral release carries the definite risk of a overuse injury or the potential of compounding prior articular cartilage changes. These risks cannot always be scientifically assessed. Patients are warned to return to athletic activities carefully and to avoid any activity in which symptoms of pain, swelling, or a feeling of instability are present.

## References

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## Cincinnati Sportsmedicine and Orthopaedic Center Rehabilitation Protocol Summary for Arthroscopy, Debridement, Lateral Release

	Postoperative Weeks					Postoperative Months		
	1-2	3-4	5-6	7-8	9-12	4	5	6
<b>Range of motion minimum goals:</b> 0°-120° 0°-135°	X	X						
<b>Weight bearing:</b> Toe touch – 1/2 body weight 1/2 body weight to full	X	X						
<b>Patella mobilization</b>	X	X	X	X				
<b>Modalities:</b> Electrical muscle stimulation (EMS) Biofeedback Pain/edema management (cryotherapy)	X X X	X X X	X X X					
<b>Stretching:</b> Hamstring, gastroc-soleus, iliotibial band, quadriceps	X	X	X	X	X	X	X	X
<b>Strengthening:</b> Quad isometrics, straight leg raises, active knee extension Closed-chain: gait retraining, toe raises, wall sits, mini-squats Knee flexion hamstring curls (90°) Knee extension quads (90°-30°) Hip abduction-adduction, multi-hip Leg press (70°-10°)	X X	X X	X X X X X	X X X X X		X X X X X		X X X X X
<b>Balance/proprioceptive training:</b> Weight-shifting, mini-trampoline, BAPS, BBS, plyometrics		X	X	X	X	X	X	X
<b>Conditioning:</b> UBC Bike (stationary) Aquatic program Swimming (kicking) Walking Stair climbing machine Ski machine	X	X X	X X	X X X X				
Running: straight					X	X	X	X
Cutting: lateral carioca, figure 8's						X	X	X
Full sports						X	X	X

BAPS = Biomechanical Ankle Platform System (Camp, Jackson, MI), BBS = Biodex Balance System (Biodex Medical Systems, Inc, Shirley, NY), UBC = upper body cycle (Biodex Medical Systems, Inc, Shirley, NY).

**Cincinnati Sportsmedicine and Orthopaedic Center Rehab Protocol: Scope, Lateral Release**  
*Phase 1. Weeks 1-2 (Visits: 2-4)*

<b>General Observation</b>	<ul style="list-style-type: none"> <li>v 1/2 weight bearing when:               <ul style="list-style-type: none"> <li>- Pain controlled</li> <li>- Hemarthrosis controlled</li> <li>- Voluntary quadriceps contraction achieved</li> </ul> </li> </ul>	
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>v Pain</li> <li>v Hemarthrosis</li> <li>v Patellar mobility</li> <li>v ROM minimum</li> <li>v Quadriceps contraction &amp; patella migration</li> <li>v Soft tissue contracture</li> </ul>	<p align="center"><b>Goals</b></p> <ul style="list-style-type: none"> <li>Controlled</li> <li>Mild</li> <li>Good</li> <li>0°-90°</li> <li>Good</li> <li>None</li> </ul>
<p><b>Frequency</b></p> <ul style="list-style-type: none"> <li>3-4 x/day</li> <li>10 minutes</li>   <li>3 x/day</li> <li>15 minutes</li>   <li>2 x/day</li> <li>10 minutes</li>   <li>As required</li> </ul>	<p><b>Range of motion</b></p> <ul style="list-style-type: none"> <li>ROM (passive, 0°-90°)</li> <li>Patella mobilization</li> <li>Ankle pumps (plantar flexion with resistance band)</li> <li>Hamstring, gastroc-soleus stretches</li> </ul> <p><b>Strengthening</b></p> <ul style="list-style-type: none"> <li>Active quadriceps isometrics (based on ROM limits)</li> <li>Active hip adductor isometrics</li> <li>Knee extension (active-assisted, 90°-0°)</li> <li>Straight leg raise (flexion, extension, adduction)</li> </ul> <p><b>Conditioning</b></p> <ul style="list-style-type: none"> <li>UBC</li> </ul> <p><b>Modalities</b></p> <ul style="list-style-type: none"> <li>Electrical muscle stimulation</li> <li>Biofeedback</li> <li>Cryotherapy</li> </ul>	<p align="center"><b>Duration</b></p> <ul style="list-style-type: none"> <li>5 reps x 30 secs</li>   <li>1 set x 10 reps</li> <li>1 set x 10 reps</li> <li>3 sets x 10 reps</li> <li>3 sets x 10 reps</li>   <li>20 minutes</li> <li>10 minutes</li> <li>20 minutes</li> </ul>
<b>Goals</b>	<ul style="list-style-type: none"> <li>v ROM 0°-90°</li> <li>v Adequate quadriceps contraction</li> <li>v Control inflammation, effusion</li> <li>v 50% weight bearing</li> </ul>	



**Cincinnati Sportsmedicine and Orthopaedic Center Rehab Protocol: Scope, Lateral Release**  
**Phase 3. Weeks 5-6 (Visits: 1-2)**

<b>General Observation</b>	<ul style="list-style-type: none"> <li>v Full weight bearing when:</li> <li>- Pain controlled without narcotics - Hemarthrosis controlled</li> <li>- ROM 0°-110° - Muscle control throughout ROM</li> </ul>	
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>v Pain</li> <li>v Effusion</li> <li>v Patellar mobility</li> <li>v ROM</li> <li>v Muscle control</li> <li>v Inflammatory response</li> </ul>	<p align="center"><b>Goals</b></p> <p>Mild/No RSD  Minimal  Good  0°-135°  3/5  None</p>
<b>Frequency</b>		<b>Duration</b>
3 x/day 10 minutes	<p><b>Range of motion</b></p> <p>ROM (passive, 0°-135°)  Patella mobilization  Hamstring, gastroc-soleus stretches</p>	5 reps x 30 secs
2 x/day 20 minutes	<p><b>Strengthening</b></p> <p>Straight leg raises (ankle weight, not to exceed 10% of body weight)  Isometric training: multi-angle (90°, 60°, 30°)  Hamstring curls (0°-90°)  Knee extension, resistance (90°-30°, patellofemoral precautions)  Closed-chain  - Toe raises  - Wall sits  - Mini squats (0°-30°)  Multi-hip machine (flexion, extension, abduction, adduction)  Leg press (70°-10°)</p>	<p>3 sets x 10 reps  2 sets x 10 reps  3 sets x 10 reps  3 sets x 10 reps  3 sets x 10 reps  3 sets x 20 reps  to fatigue x 3  3 sets x 20 reps  3 sets x 10 reps  3 sets x 10 reps</p>
3 x/day 5 minutes	<p><b>Balance training</b></p> <p>Weight shift side/side and forward/back  Balance board/2 legged  Cup walking with crutches</p>	5 sets x 10 reps
2 x/day 10 minutes	<p><b>Aerobic conditioning</b> (patellofemoral precautions)</p> <p>UBC  Stationary bicycling  Water walking</p>	
As required	<p><b>Modalities</b></p> <p>Electrical muscle stimulation  Biofeedback  Cryotherapy</p>	<p>20 minutes  10 minutes  20 minutes</p>
<b>Goals</b>	<ul style="list-style-type: none"> <li>v ROM 0°-135°</li> <li>v Control inflammation, effusion</li> <li>v Early recognition complications (motion loss, RSD, patellofemoral)</li> </ul>	<ul style="list-style-type: none"> <li>v Full weight bearing</li> <li>v Muscle control</li> </ul>

**Cincinnati Sportsmedicine and Orthopaedic Center Rehab Protocol: Scope, Lateral Release**  
**Phase 4. Weeks 7-8 (Visits: 1-2)**

<b>General Observation</b>	<ul style="list-style-type: none"> <li>v Full weight bearing when:</li> <li>- Pain controlled without narcotics - Hemarthrosis controlled</li> <li>- ROM 0°-120° - Voluntary quad contraction achieved</li> </ul>	
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>v Pain</li> <li>v Effusion</li> <li>v Patellar mobility</li> <li>v ROM</li> <li>v Muscle control</li> <li>v Inflammatory response</li> </ul>	<p align="center"><b>Goals</b></p> <p>Mild/No RSD  Minimal  Good  0°-135°  4/5  None</p>
<b>Frequency</b>		<b>Duration</b>
2 x/day 10 minutes	<p><b>Range of motion</b></p> <p>ROM (0°-135°)  Patellar mobilization  Hamstring, gastroc-soleus stretches</p>	5 reps x 30 secs
2 x/day 20 minutes	<p><b>Strengthening</b></p> <p>Straight leg raises (flexion, extension, adduction)  Straight leg raises, rubber tubing  Hamstring curls (0°-90°)  Knee extension with resistance (90°-30°)  Leg press (70°-10°)  Closed-chain</p> <ul style="list-style-type: none"> <li>- Lateral step-ups (2-4" block)</li> <li>- Toe raises</li> <li>- Wall sits</li> <li>- Mini-squats (rubber tubing, 0-30°)</li> </ul> <p>Multi-hip machine (flexion, extension, abduction, adduction)</p>	<p>3 sets x 10 reps  3 sets x 30 reps  3 sets x 10 reps  3 sets x 10 reps  3 sets x 10 reps</p> <p>3 sets x 10 reps  3 sets x 20 reps  to fatigue x 3  3 sets x 20 reps</p>
3 x/day 5 minutes	<p><b>Balance training</b></p> <p>Balance board/2 legged  Cup walking</p>	
1-2 x/day 15 minutes	<p><b>Aerobic conditioning</b></p> <p>UBC  Stationary bicycling  Water walking  Swimming (kicking)  Walking  Stair machine (low resistance, low stroke)  Ski machine (short stride, level, low resistance)</p>	
As required	<p><b>Modalities</b></p> <p>Cryotherapy</p>	20 minutes
<b>Goals</b>	<ul style="list-style-type: none"> <li>v Full weight bearing, normal gait</li> <li>v Control inflammation, effusion</li> <li>v Muscle control</li> <li>v ROM 0°-135°</li> </ul>	



**Cincinnati Sportsmedicine and Orthopaedic Center Rehab Protocol: Scope, Lateral Release**  
**Phase 6. Weeks 13-26 (Visits: 2-3)**

<b>General Observation</b>	<ul style="list-style-type: none"> <li>v No effusion, painless ROM, joint stability</li> <li>v Performs ADL, walk 20 min. without pain</li> </ul>	
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>v Isometric test (% difference quads &amp; hams)</li> <li>v Swelling</li> <li>v Patellar mobility</li> <li>v Crepitus</li> <li>v Single-leg function tests (9 mos: hop distance, timed hop, % inv/uninv)</li> </ul>	<p align="center"><b>Goals</b></p> <p>10-15 None Good None/slight 85</p>
<p><b>Frequency</b></p> <p>2 x/day 10 minutes</p> <p>1 x/day 20-30 minutes</p> <p>1-3 x/day 5 minutes</p> <p>3 x/week 20-30 minutes</p> <p>3 x/week 15-20 minutes</p> <p>3 x/week</p> <p>3 x/week</p> <p>As required</p>	<p><b>Range of motion</b> Hamstring, gastroc-soleus, quad, ITB stretches</p> <p><b>Strengthening</b> Straight leg raises, rubber tubing (high speed) Hamstring curls (active, 0°-90°) Knee extension with resistance (90°-30°) Leg press (70°-10°) Multi-hip machine (flexion, extension, abduction, adduction) Closed-chain: Mini-squats (rubber tubing, 0°-40°)</p> <p><b>Balance training</b> Balance board/2 legged Single leg stance</p> <p><b>Aerobic conditioning</b> (patellofemoral precautions) Stationary bicycling Water walking Swimming (kicking) Walking Stair machine (low resistance, low stroke) Ski machine (short stride, level, low resistance)</p> <p><b>Running program</b> (straight, 30% deficit isometric test) Jog Walk Backward run</p> <p><b>Cutting program</b> (20% deficit isokinetic test) Lateral, carioca, figure 8's</p> <p><b>Functional training</b> Plyometric training (20% deficit isokinetic test): - box hops, level, double-leg Sport specific drills (10-15% deficit isokinetic test)</p> <p><b>Modalities</b> Cryotherapy</p>	<p align="center"><b>Duration</b></p> <p>5 reps x 30 secs</p> <p>3 sets x 30 reps 3 sets x 10 reps 3 sets x 10 reps 3 sets x 10 reps 3 sets x 10 reps 3 sets x 20 reps</p> <p>1/4 mile 1/8 mile 20 yards</p> <p>20 yards</p> <p>15 secs, 4-6 sets</p> <p>20 minutes</p>
<b>Goals</b>	<ul style="list-style-type: none"> <li>v Increase function</li> <li>v Maintain strength and endurance</li> </ul>	