LAKESHORE
Bone & Joint Institute

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Knee Arthroscopy with Tibial Spine Fixation Protocol

Name _____ **Date** _____

Procedure _____

Procedure Date _____

Frequency 1 2 3 4 5 times/week **Duration** 1 2 3 4 5 6 weeks

Therapist will change your dressing at your first appt. This is typically 2-3 days after surgery. Surgical wounds are closed with absorbable suture and covered with steri-strips or black Nylon sutures. There will be gauze and padding over the incisions and the extremity wrapped with an ACE wrap. The surgical dressing should be changed by the therapist using ***sterile*** technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips. The new dressing should include dry gauze and ACE wrap. Before the new dressing is applied the wounds should be clean and dry. Please do not use tegaderm unless it was used at the time of surgery or if specifically stated on the orders.

The dressing will be changed for the second time at your second therapy visit. After the second visit and second dressing change patient is permitted to shower at home. Remove the ACE wrap before shower. The wounds should be covered with Press-N-Seal. If the wounds get wet, use a hair dryer to *completely dry* the area prior to covering with ACE wrap after the shower.

Once you are permitted to get the incisions wet, warm soapy water should *gently* rinse the surgical area. Do NOT scrub the area. Pat the area dry with a clean towel and keep free of lotions or creams. Do NOT soak in a pool, bath or hot tub until permitted by the surgeon's office. Please wear clean clothes following shower and be conscious of any pet hair or other contaminants near the surgical area.

Anytime the dressing is changed or examined, ***please wash hands*** prior with antibacterial soap. Do not apply any ointments or medications to the area.

*****Range of motion is an important progression of therapy, but limiting swelling is important. Respecting swelling will decrease pain and improve motion.*****

KNEE ARTHROSCOPY WITH TIBIAL SPINE FIXATION REHABILITATION PROTOCOL

PHASE/WEEKS	BRACE/ WEIGHT BEARING/ROM GOALS	THERAPEUTIC EXERCISES AND INTERVENTIONS
Phase 1 (weeks 0-2)	**BRACE:** Long TROM Brace locked at 0 degrees for all activities, except hygiene and PT. **Non Weight-Bearing** with crutches **ROM:** (active/passive) 0-40 degrees	Quad sets isometrics No open chain quads Ankle Strengthening 4 Way Hip SLR, in brace Patellar Mobilization Scar Massage Stretching NMES (Home use ok) Cryotherapy UBE
Phase 2 (weeks 2-4)	**BRACE:** to be worn at all times except for bathing and showering. Gradually opened to 60° by therapist as flexion ROM is attained. Keep knee locked in extension until full knee extension is achieved and maintained, and/or if quad set is poor. **WBAT:** touch-down weight bearing with crutches **ROM:** 0-60 degrees	*Same as Phase 1 plus:* Clamshells Continue no open chain quads
Phase 3 (weeks 4-6)	**BRACE:** to be worn at all times except for bathing and showering. Gradually opened to 90° by therapist as flexion ROM is attained. Keep knee locked in extension until full knee extension is achieved and maintained, and/or if quad set is poor. **WB:** Progress to FWB in brace. Wean off crutches. **ROM:** 0-90 degrees	*Same as Phase 1 and 2 plus:* Initiate closed chain strengthening within ROM limits: squats, lunges, step ups, step downs, heel raises etc. Open chain isometrics and isotonics 90°-60° Single leg balance, BAPS, unstable surfaces RNT Stationary bike no resistance
Phase 4 (weeks 6-10)	**BRACE:** Wean out of brace if full extension, good quad control, and no limping. **ROM:** full In order to progress to next phase: ● Knee ROM 0°-125° ● No effusion ● Normal gait ● No pain ● Good eccentric control of involved knee	*Same as Phase 3 plus:* Progress CKC strengthening to multiplane Can add treadmill walking, elliptical

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	• Isometric quad and hamstring strength 75% of non-involved side at 60° flexion • Hamstring to quad ratio at least 66%	
Phase 5 (weeks 10-24)	**Brace**: none **ROM**: full	Continue LE strengthening, emphasizing hip, quad and hamstring Initiate running program in straight plane Begin jumping activities with gradual progression from two legs to single leg Frontal and sagitally plane DL plyometrics, progressing to multi-plane and single leg plyos Gradual progression to sport specific activities
6 Month Follow Up Testing	• KT 2000 Test to assess tibial translation • Isokinetic testing to assess strength of hamstring/quadriceps • Jump and Hop testing	

Comments:

FCE _____ Work Conditioning/Work Hardening_____ Teach HEP_____

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature_____ **Date** _____

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