

Knee Manipulation

This protocol is intended to be a general outline only. The physician reserves the right to either advance or delay this protocol as deemed necessary. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form given to the patient on the day of surgery.

Weeks 1:

Frequency: Patient to be seen daily for 5 days following procedure (including once over weekend if needed)

- Patient to be NWB for first 24 – 48 hrs (due to femoral nerve block)
- Ice several times a day for pain and inflammation control
- Use ERMI Flexionator in clinic; obtain one for home if helpful
- Focus on regaining full PROM as soon as possible with aggressive PROM and HEP stretching. Emphasize HEP compliance and proper use of pain medication.
- Emphasize patellar mobility and full extension.
- Stationary bike immediately for ROM (no resistance)

Weeks 2 and beyond:

Frequency: Patient to be seen 3-4x/week until Week 4 or until ROM goals have been achieved, then 1-2x / week until all functional goals have been achieved.

- Once full PROM is achieved, begin AROM and progressive LE strengthening.
- General LE stretching program
- Progress resisted strengthening: elastic bands, weights, machines, etc.
- Focus on eccentric quad and hip control
- Proprioception drills emphasizing neuromuscular control and balance
- Education in floor transfers
- Pool program may begin once incisions are healed
- Progress cardiovascular activities as tolerated

Guidelines for Discharge

Patient should reach full functional knee ROM (0-120 degrees) and WFL strength of LE musculature. Patient should be discharged with a comprehensive home exercise program for maintenance of ROM and strength.