



## **Dr. Hoedt Knee Procedures**

### **Knee Procedures**

[Meniscus Repair](#)

[Total Knee Replacement](#)

## Meniscus Repair

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
<b>Weeks 0-4</b> PT 1-2x/week HEP daily	Full passive extension ROM 0-90° Patella mobility Edema and pain control SLR without lag Promote independence	PWB (50%) Limit knee flexion: 0-90° Brace at 0° for ambulation & sleep Avoid active knee flexion Observe for signs and symptoms of DVT	A/AA/PROM emphasize extension Short crank ergometry Patella mobilization Quad re-education and SLR Hip/Core training
<b>Weeks 4-8</b> PT 2-3x/week HEP daily	Full passive extension ROM 0-125° Normalize patella mobility Edema and pain control Improve quad control Promote independence Normalize gait Ascend 8" step with control	Progress PWB-WBAT by <b>8 weeks</b> Brace open 0-60° for ambulation with crutches abiding with WB restrictions Brace locked at 0° for sleep Limit knee flexion to 125°	AAROM knee flexion/extension Standard ergometry (ROM>115°) Patella mobilization Quad re-education Proprioceptive training Hip/Core training Bilateral leg press 0-60°
<b>Weeks 8-14</b> PT 1-2x/week HEP daily	Full ROM Descend 8" step with control Improve endurance Protect patellofemoral	WBAT DC brace/crutches when adequate quad and non-antalgic gait No running	Progress squat/leg press Forward step-up/down program Advance proprioceptive training Elliptical, retrograde treadmill
<b>Weeks 14-20</b> PT 1-2x/week HEP daily	Symptom free running Improve strength/flexibilityHop Test >85% limb symmetry	Avoid painful activities	Forward running program at 16 weeks (when 8" step down OK) Progress squat program <90° flexion Advance agility program Plyometrics when sufficient base
<b>Weeks 20+</b> PT 1x/week HEP daily	No apprehension with sport specific movements Strength and flexibility to meet sporting demands	Avoid painful activities No sport until MD clearance	Advance flexibility/agility/plyometricsSport specific training

### MILESTONES TO RETURN TO FULL SPORT, WORK, HOBBIES:

- Clearance from surgeon and therapist
- Minimal to no complaints of pain
- Restoration of sufficient ROM for task completion
- Regular completion of an independent strengthening program at least 3 days per week

## Total Knee Replacement

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
<b>Post-op to week 3</b>	Safe ambulation with crutches, walker or cane on level surfaces ROM 0-90+ degrees Control post-op edema Good quadriceps contraction	Protect integrity of incision Observe for signs and symptoms of DVT	Heel slides Quad sets Gluteal sets Ankle pumps Hip abduction Extension/ flexion focused ROM activities within parameters Patellar mobilizations
<b>Week 3 to Week 6</b>	ROM 0-120 degrees Progressing proper gait patterns with/without AD Scar management	Avoid tendonitis	Leg press- ROM Hamstring curls Standing TKE, hip abduction, hip flexion, hip extension Bridges Prone hang Short arc quads Biking Pool walking
<b>Week 6-12</b>	Independent with ADLs Safe ambulation on uneven surfaces with/ without assistive device Normalized gait pattern without assistive device Independent with HEP Meet return to work requirements Increase quadricep strength		Squats (increased depth/ weight acceptance) Double and single leg balance activities Forward/ lateral step ups Pool dips Leg press- low weight x high reps progression Long arc quads

### DISCHARGE RECOMMENDATIONS:

- Safe normalized gait pattern without assistive device
- Ascend and descend stairs in reciprocal pattern
- No extension lag
- Normal ADL function