

## Preoperative Knee Protocol

<p>Weight-Bearing and Immobilization</p>	<ul style="list-style-type: none"> <li>• No immobilization necessary unless MCL tear             <ul style="list-style-type: none"> <li>▸ if MCL tear then wear hinged knee brace unlocked from from 0-90° for two weeks post-injury; then unlock brace for full ROM for 4 weeks; may discontinue brace after 6 weeks post-injury</li> </ul> </li> <li>• WBAT</li> <li>• Wean crutches or other assist devices (if being used)</li> <li>• Normalization of gait pattern</li> </ul>
<p>Aerobic</p>	<ul style="list-style-type: none"> <li>• Non-impact exercises as tolerated (stationary bike, elliptical machine, etc.) once full ROM, minimal knee swelling, and normal gait</li> <li>• Avoid any activities requiring jumping, impacting, cutting, twisting, pivoting, or lateral movement</li> </ul>
<p>Range of Motion (ROM) and Strengthening</p>	<ul style="list-style-type: none"> <li>• Focus on achieving full and symmetric knee ROM, particularly resolution of any flexion contracture</li> <li>• Introduce ROM exercises that may be part of post-operative rehabilitation (particularly for restoring post-operative full and symmetric knee extension)</li> <li>• Low-impact strength and conditioning program once full ROM, minimal knee swelling, and normal gait</li> <li>• Strengthening to focus on quadriceps, core, hip abductors, and hip external rotators</li> </ul>
<p>Other</p>	<ul style="list-style-type: none"> <li>• Modalities as needed to reduce swelling and for muscle re-education</li> <li>• Home Exercise Program (HEP) per discretion of Physical Therapist</li> <li>• Discuss post-operative rehabilitation program</li> </ul>
<p>Goals</p>	<ul style="list-style-type: none"> <li>• Decrease and control pain</li> <li>• Decrease and control swelling</li> <li>• Restore full and symmetric knee ROM</li> <li>• Restore normal gait pattern</li> <li>• Initiate low-impact strength and conditioning program</li> </ul>