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ARTHROSCOPIC LATERAL RELEASE – PHYSICAL THERAPY PROTOCOL

Post operative weeks 1-2: HEP including quad sets, SLR and active assisted ROM to a goal of 120 deg by 2 weeks. Gentle patella mobilization. WBAT with crutches as needed

Weeks 2-6

- Supervised PT – 3 times a week (may need to adjust based on insurance)
- Patellar mobilization exercises
- Perform scar massage aggressively
- Emphasis full passive extension
- AAROM exercises (4-5x/ day) – 0-full flexion
- ROM goal: 0-130
- Flexion exercises PROM, AAROM
- Stationary bike for range of motion (no resistance)
- Hamstring and calf stretching
- Hip strengthening – specifically external rotators
- Isotonic leg press
- Progressive SLR program with weights for quad strength
- Theraband standing terminal knee extension
- Proprioceptive training bilateral stance
- Double leg balance on tilt boards
- Add water exercises if desired (and all incisions are closed and sutures out)
- Begin Step Progression as tolerated

Weeks 6-10

- Continue above exercises
- Mini-squats (0-45) and heel raises Hamstring PREs
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- Isotonic leg press
- AAROM 4-5x's day (no limits)
- Initiate retro treadmill with 3% incline (for quad control)
- Wall and/or ball squats (0-60)
- Eccentric leg press

Week 10 and beyond

- Continue all exercises
- SLR's – in all planes with weight
- Single leg proprioceptive training
- Lateral step out with therabands
- Retro treadmill progressive inclines
- Sportcord (bungee) walking
- Increase resistance on stationary bike
- Squats 0-90
- Begin resistance for open chain knee extension
- Jump down's (double stance landing)
- Plyometric program
- Progress to running program and light sport specific drills if:
 - Quad strength > 75% contralateral side
 - Active ROM 0 to >125 degrees
 - Functional hop test >70% contralateral side
 - Swelling < 1cm at joint line
 - No pain
 - Demonstrates good control on jump down
- If full ROM, quad strength > 80% contralateral side, functional hop test >85% contralateral side, satisfactory clinical exam:
 - Progress to home program for running. Start backward jogging, figure of 8, zigzags and lateral shuffles. Progress to hops, jumps, cuts and sports specific drills. Begin to wean from supervised therapy.

Criteria to return to sports

Full Active ROM
Quadriceps and hip external rotators strength >90% contralateral side
Satisfactory clinical exam
Functional hop test > 90% contralateral side
Completion of running program

This is strictly an outline of most of the major exercises that we would like for the patient to do after surgery. However, not all exercises need to be done. Two main goals are that appropriate progress is made on a weekly basis, and that communication exists between patient, therapist and doctor.

Signature: _____

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