

Xinning Li, M.D.

Professor of Orthopaedic Surgery
Sports Medicine and Shoulder Surgery
Boston University School of Medicine – Boston Medical Center
Boston University Sports Medicine Fellowship – Director
Boston University Athletics – Team Physician



725 Albany Street – 4th Floor
Boston, MA 02118
(617) 638-5633 (Telephone – Shapiro Office)
(617) 358-3400 (Telephone – Ryan Center)
(617) 414-5226 (Fax)
www.tigerortho.com



ARTHROSCOPIC LATERAL RELEASE – PHYSICAL THERAPY PROTOCOL **(With or Without Meniscus Surgery)**

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

(No Brace or Knee Brace for Comfort Only)

Weeks 2-6

- Supervised PT – 2 to 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 to 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.

Physician's Signature: _____

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