

Knee Arthroscopy

Post-Operative Rehabilitation Protocol

A quick guide to a smooth, fast recovery and a safe return to activity.

Zachary Domont, MD · Orthopaedic Surgeon, Adult & Pediatric Sports Medicine

Patient: _____

Surgery date: _____

Operative side: R / L

HOW TO USE THIS GUIDE

Routine knee arthroscopy — including partial meniscectomy, chondroplasty, loose body removal, or diagnostic/synovectomy procedures — has one of the **fastest recoveries** in orthopedic surgery. Unlike a repair, there's **no repaired tissue to protect**, so you can move and bear weight right away.

This guide moves through **three phases** over about 4–6 weeks. Your surgeon and physical therapist may adjust the pace based on what was found and treated in your knee.

YOUR RECOVERY AT A GLANCE

Phase	Typical timing	Focus	Crutches?
1 · Early Recovery	Days 0–7	Control swelling; walk comfortably; wake up the quad	As needed for comfort
2 · Strength & Motion	Weeks 1–3	Normalize gait; build strength; restore full function	No
3 · Return to Activity	Weeks 3–6	Progress to running, sport, and full activity	No

WEIGHT-BEARING & MOTION: NO RESTRICTIONS

Weight-bear as tolerated starting immediately — use crutches only as needed for comfort and balance in the first few days, and set them aside as soon as you can walk without a limp (typically 1–5 days). **Full range of motion is allowed right away** — there is no repaired tissue to protect, so bend and straighten the knee as comfort allows from day one.

THE THREE THINGS THAT MATTER MOST EARLY ON

- **Get the knee fully straight — right away.** Full extension, equal to the other knee, is the single most important goal of the first week. A knee that's allowed to rest bent develops lasting stiffness that's much harder to fix later than it is to prevent now.
- **No pillow behind or under the knee.** Propping the knee on a pillow feels comfortable but trains it to stay bent. If you're elevating the leg, put the pillow **under the heel** instead — this lets the knee hang fully straight while still raising the leg above heart level for swelling.
- **Wake up the quad.** Quad sets and straight-leg raises are boring, but they're the foundation for everything that follows — a strong quad protects the knee and speeds up every phase after this one.

PHASE 1

Early Recovery

Weight-bear as tolerated · full motion and full extension right away · control swelling and wake up the quad

DAYS
0–7

GOALS

- Walk comfortably, weight-bearing as tolerated
- Control swelling and pain
- Achieve full knee extension immediately — equal to the other side
- Restore good quad activation and full range of motion as comfort allows

DO NOT

- Place a pillow behind or under the knee — this keeps it bent and can lead to lasting stiffness
- Ignore swelling — elevate the leg (pillow under the heel, not the knee) and ice regularly
- Push through sharp pain, though mild soreness with activity is expected
- Return to high-impact activity or sport yet

WHAT YOU'LL DO

- **Weight-bear as tolerated**, using crutches only as needed for comfort and balance — most people set them aside within 1–5 days once a normal gait returns
- **Work toward full knee extension immediately** — let the knee hang or press it flat several times a day; this matters more in week 1 than almost anything else
- **Full active and passive range of motion** — bend and straighten the knee as comfort allows
- **Quad sets and straight-leg raises** — these matter more than anything else this week
- **Blood flow restriction (BFR) training may begin from your very first therapy session** if your physical therapist recommends it — current evidence shows it's safe after knee arthroscopy and helps preserve quad strength before you can tolerate heavier loading
- **Elevate the leg above heart level with a pillow under the heel** (not behind the knee), especially for the first several days
- **Ice 20 minutes at a time, 3 times a day** and after every therapy session
- NMES (electrical muscle stimulation) if provided, to help reactivate the quad
- Begin physical therapy within about 5–7 days after surgery

READY FOR PHASE 2 WHEN...

- Walking comfortably without crutches
- Swelling is trending down and pain is well controlled
- Good quad activation with a straight-leg raise showing no lag

PHASE 2

Strength & Motion

Normalize your gait and rebuild the strength swelling and surgery took away

WEEKS

1-3

GOALS

- Walk with a completely normal gait, no device needed
- Full, pain-free range of motion
- Progressive quad, hamstring, and hip strength
- Return to most daily activities

DO NOT

- Start running, jumping, or pivoting sports yet
- Increase activity faster than swelling allows — a knee that swells after activity needs an easier day next
- Skip strengthening because the knee feels normal — strength lags behind how the knee feels

WHAT YOU'LL DO

- **Progressive strengthening** — mini-squats, step-ups, leg press, hamstring curls, hip and core work
- **Stationary bike, elliptical** for cardio and motion
- **Balance and proprioception work** — single-leg stance progressing to unstable surfaces
- **Stair climbing** (up/down, forward) as strength allows
- Continue icing after activity as needed for swelling

READY FOR PHASE 3 WHEN...

- Full, pain-free motion and a completely normal gait
- Good strength and control with functional movements (squatting, step-downs)
- Minimal to no swelling with daily activity

PHASE 3

Return to Activity

Progress back to running, sport, and everything you were doing before

WEEKS

3–6

GOALS

- Full return to work, sport, and recreation
- Confidence in the knee under real-world demands

KEEP IN MIND

- Progress one variable at a time — distance, speed, or cutting, not all at once
- Some patients (larger meniscus resections, cartilage procedures, less conditioned athletes) take longer than the timeline below — let symptoms guide the pace

WHAT YOU'LL DO

- **Graded return-to-run program** — walk/jog intervals building to continuous running
- **Agility and plyometric drills** — cutting, hopping, and deceleration training as strength allows
- **Sport-specific drills**, progressing toward full practice and then competition

Typical return-to-activity timelines	Goal
Walking, daily activities without restriction	1–2 weeks
Low-impact exercise (bike, elliptical, swimming)	2–3 weeks
Running	3–4 weeks
Cutting, pivoting, and full sport	4–6 weeks

CALL THE OFFICE RIGHT AWAY IF YOU NOTICE

- Fever over 101.5°F, or spreading redness, warmth, or drainage at the incisions
- Calf pain or swelling, chest pain, or shortness of breath (call 911 for chest pain/breathing trouble)
- A significant increase in swelling, locking, or giving-way of the knee
- Pain that is worsening rather than improving, or not controlled by medication

QUESTIONS ALONG THE WAY?

Bring this packet to your physical therapy visits and follow-up appointment. Your therapist can note your measured motion and strength in the margins so everyone stays on the same page.

Advocate Medical Group — Orthopaedic Surgery & Sports Medicine

Zachary Domont, MD · Libertyville, IL · Office: _____ · Therapy: _____

This protocol is a general guideline based on current evidence and criterion-based rehabilitation principles. It does not replace individualized medical advice; the instructions of your surgeon and physical therapist always take precedence.