

**KNEE ARTHROSCOPIC CAPSULAR RELEASE/LYSIS OF ADHESIONS  
MANIPULATION UNDER ANESTHESIA (MUA)  
REHABILITATION PROTOCOL  
(1/22/2020)**

**ATTENTION PHYSICAL THERAPISTS—STRESS IMPORTANCE OF THE FOLLOWING:**

- Place patient in brown compression stocking (20-30 mmHg) at first PT appointment. Wear during daytime only and d/c at night—instruct patient/family member how to don/doff stocking
  - May discharge when no swelling or effusion- typically 3-4 weeks p/o
- Stress no pillows under popliteal fossa. Always under calf/heel only to progress knee extension.
- Give the inflammation time to settle. Regular icing, elevation, and specific exercises should be the main focus during this time.

	<b>WEIGHT BEARING</b>	<b>BRACE</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>Day 1</b>	As tolerated	None	Pt will meet with PT following MUA for ROM/education	Ensure patient is scheduled out daily for 10 days of PT Encourage use of ice for pain and inflammation; flushing massage for edema reduction Emphasize patellar mobility At minimum, perform PROM in all planes. Ensure pt has home program, to be performed 3X/day. Heel pumps, quad sets (multi angle), heel slides, stationary bike encouraged
<b>PHASE 1</b> 0-10 days	As tolerated	None	Reaching full knee flexion and extension should be the primary focus during the first 10 days	Daily PT for first 10 days Supine and prone PROM and capsular stretching with and without tib-fem distraction. Consider ball rocks, prone knee ext and flexion stretch, bike, plyosled no resistance, quad sets, retro lunge Continue work on patellar mobility, quad, hamstring, and calf stretch. Gait training
<b>PHASE 2</b> 10 days- discharge	Full	None	Full	Continue AROM and PROM to ensure full knee flx and ext range is reached. When pt has full or near full ROM, may start incorporating progressive strengthening exercise.

