**Knee Lysis of Adhesions Protocol**

*“You can never do too many patellar mobilizations.” – Topper Hagerman*

**Phase 1 – MOTION AND MOBILITY**

**Week 0-6**

Patellar tendon and patellar complex mobilization emphasized for at least the first 6-8 weeks

Quad set to SLR (with NMES, biofeedback)

ROM: emphasize full extension, heel/wall slides for flexion

Bike for motion

Open- and closed-chain terminal knee extension (TKE)

Open-chain hip strengthening

Gait training

\* Emphasize anterior interval & incision mobility

\* No closed-chain activities until full extension ROM is achieved

\* Gentle tibiofemoral mobilizations as needed to restore joint volume

**Phase 2 – ENDURANCE**

**Week 7-12**

Low volume, protected/gravity-reduced CKC activities (including squat, lunge, step-up, bridge)

Avoid single-limb activities in full-upright activities

Balance progression

Bike for cardiovascular fitness

\* Continue patellar mobilizations for at least first 8 weeks and routinely monitor

\* Gradually re-introduce activities that provide potential stimulus for scarring

*\*Note: Non-athletes may be appropriate for discharge to independent home program at this time if able to complete work and life demands. Check for safety with stair negotiation and ambulation on uneven surfaces.*

**Phase 3 – STRENGTH**

**Week 13-18**

Increase sets/duration of closed-chain strengthening in varied proprioceptive environments

**Phase 4 – AGILITY, POWER, RETURN TO SPORT**

**Week 18+**

Initiate squat jump progression from shuttle to gravity dependent position

Sport-specific movement patterns practiced in supervised and controlled environment

Graded re-integration into sport activities with MD and PT clearance

**RETURN TO ACTIVITIES**

Running: 4 months when functional criteria are met

Golf: Short irons at 3 months, full swing with long irons at 3 months.

Delay 4-6 weeks if lead leg.

Pivoting/cutting sport: When functional criteria are met and cleared by surgeon, typically

3-4 months at earliest