



Guidelines for Rehabilitation Following Arthroscopic Hoffa's Fat Pad Resection, Anterior Interval Release, and/or Lateral Retinacular Lengthening

INDICATED PROCEDURES

- Hoffa's Fat Pad Resection
- Anterior Interval Release
- Lateral Retinacular Lengthening

REHABILITATION PROGRESSION

The following is a general guideline for progression of the rehabilitation program following lateral release. Progression through each phase should take into consideration patient status (e.g. healing, function) and physician advisement. Please consult the attending physician if there is uncertainty regarding the advancement of a patient to the next phase of rehabilitation.

PHASE I (Weeks 0 - 2)

Goals:

- Protect healing soft tissue structures
- Improve knee flexion and extension range of motion
- Increase lower extremity strength, including quadriceps muscle re-education
- Education of patient regarding limitations and the rehabilitation process

Weight-Bearing Status

- Weight bearing as tolerated with 2 crutches

Therapeutic Exercises:

- Quad sets and isometric adduction with biofeedback for VMO
- Heel slides
- Ankle pumps
- Non-weight-bearing gastroc/soleus, hamstring stretches
- SLR in flexion with turnout, adduction and extension



- Begin hip abduction at approximately 3 weeks.
- Functional electrical stimulation may be used for trace to poor quad contraction
- Begin aquatic therapy at 2 weeks with emphasis on normalization of gait
- Stationary bike for ROM when patient has sufficient knee flexion

PHASE II (Weeks 2 - 4)

Criteria for advancement to Phase II:

- Good quad set
- Approximately 90° of active knee flexion
- Full active knee extension
- No signs of active inflammation

Goals:

- Increase flexion ROM
- Increase lower extremity strength and flexibility
- Restore normal gait
- Improve balance and proprioception

Weight-Bearing Status:

- May begin ambulation WBAT without crutches if the following criteria are met:
 - No extension lag with SLR
 - Full active knee extension
 - Knee flexion of 90-100°
 - Non-antalgic gait pattern (may ambulate with one crutch or a cane to normalize gait before ambulating without assistive device)

Therapeutic Exercises:

- Wall slides from 0-45° knee flexion, progressing to mini-squats
- 4-way hip for flexion, extension and adduction
- closed kinetic chain terminal knee extension with resistive tubing or weight machine
- Calf raises
- Balance and proprioceptive activities (including single leg stance, KAT and BAPS)



- Treadmill walking with emphasis on normalization of gait pattern
- ITS and hip flexor stretching

PHASE III (Weeks 4 - 8)

Criteria for advancement to Phase III:

- Normal gait
- Good to normal quadriceps strength
- Good dynamic control with no evidence of patellar lateral tracking or instability
- Clearance by physician to begin more concentrated closed kinetic chain progression

Goals:

- Restore any residual loss of range of motion
- Continue improvement of quadriceps strength
- Improve functional strength and proprioception

Therapeutic Exercises:

- Quadriceps stretching when full knee flexion has been achieved
- Hamstring curl
- Leg press from 0-45° knee flexion
- Closed kinetic chain progression
- Abduction on 4-way hip
- Stairmaster
- Nordic Track
- Jogging in pool with wet vest or belt

PHASE IV: (Weeks 8- patient returned to work or desired activity)

Criteria for advancement to Phase IV:

- Release by physician to resume full or partial activity
- No patellofemoral or soft tissue complaints
- No evidence of patellar instability



- Necessary joint range of motion, muscle strength and endurance, and proprioception to safely return to work or athletic participation

Goals:

- Continue improvements in quadriceps strength
- Improve functional strength and proprioception
- Return to appropriate activity level

Therapeutic Exercises:

- Functional progression which may include but is not limited to:
 - Slide board
 - Walk/jog progression
 - Forward and backward running, cutting, figure 8, and carioca
 - Plyometrics
 - Sport-specific drills
- Work hardening program as prescribed by physician