The management of the stiff knee following total knee arthroplasty is controversial. Manipulation under anesthesia and open lysis of adhesions are techniques that can theoretically address the fibrous scar tissue, but their efficacy has been shown to be variable. We describe the technique of arthroscopic lysis of adhesions for the stiff knee after total knee arthroplasty. The advantages of this technique include minimally-invasive surgical procedure that can be used to address both focal and diffuse arthrofibrosis. The arthroscopic approach allows release of adhesions in the anterior interval, the suprapatellar pouch, the medial and lateral gutters, and the intercondylar notch. Typically, sharp punch and motorized shaver instruments and a radiofrequency device are needed to debride the dense fibrous tissue. A retinacular release can also be performed to improve patellar tracking if patellar mobility is tight with the patellar tilt test or if the capsular closure was deemed to be too tight. An arthroscopic posterior cruciate ligament (PCL) recession can be performed in cruciate-retaining knees that demonstrate PCL tightness. Intra-articular loose bodies and impinging soft tissue lesions can also be addressed during arthroscopy. These technical points are illustrated in the video with a case study.