Rehabilitation Protocol: Arthroscopic Meniscectomy/Chondral Debridement

Name: _______________________________  Date: ____________________

Diagnosis: _______________________________  Date of Surgery: __________

- **Phase I (Weeks 0-2)**
  - **Weightbearing:** As tolerated with crutches (for balance) x 24-48 hours – progress to WBAT
  - **Range of Motion** – AAROM → AROM as tolerated
    - Goal: Immediate full range of motion
  - **Therapeutic Exercises**
    - Quad and Hamstring sets
    - Heel slides
    - Co-contractions
    - Isometric adduction and abduction exercises
    - Straight-leg raises
    - Patellar mobilization

- **Phase II (Weeks 2-4)**
  - **Weightbearing:** As tolerated
  - **Range of Motion** – maintain full ROM – gentle passive stretching at end ranges
  - **Therapeutic Exercises**
    - Quadriceps and Hamstring strengthening
    - Lunges
    - Wall-sits
    - Balance exercises – Core work

- **Phase III (Weeks 4-6)**
  - **Weightbearing:** Full weightbearing
  - **Range of Motion** – Full/Painless ROM
  - **Therapeutic Exercises**
    - Leg press
    - Hamstring curls
    - Squats
    - Plyometric exercises
    - Endurance work
    - Return to athletic activity as tolerated

Comments:

Frequency: _____ times per week  Duration: _____ weeks

Signature: _______________________________  Date: ____________________