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
  o Goal: Immediate full range of motion
• Therapeutic Exercises
  o Quad and Hamstring sets
  o Heel slides
  o Co-contractions
  o Isometric adduction and abduction exercises
  o Straight-leg raises
  o Patellar mobilization

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

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

Comments:

Frequency: _____ times per week          Duration: ______ weeks

Signature: ________________________________                        Date: ____________________________