Post-Operative Rehabilitation Protocol
Knee Arthroscopy – General
(Menisectomy, Chondroplasty, Synovectomy, Loose Body removal)

Name: _________________________________
Diagnoses: _____________________________
Date of Surgery: _________________________

Frequency: 1  2  3  4 times/week

Duration: 1  2  3  4  5  6  7  8+ weeks

Phase 1: Post-operative < 2 weeks

Goals
- Diminish pain and swelling
- Restore unrestricted knee range of motion (minimum goal 0-115 degrees)
- Reestablish quadriceps muscle activity (eliminate straight leg raise lag)
- Progress to weight bear as tolerated
- Modalities:
  - Aggressive leg elevation above heart level when inactive
  - TED hose stockings bilaterally as needed
  - Cryotherapy for 15 minutes 4x/day
  - Electrical stimulation for quadriceps activation and edema control if indicated

Weight-bearing status
- Crutch use for 24-48 hours as needed then slowly progress to weight bear as tolerated once quadriceps activity present and normal gait mechanics restored

Therapeutic exercises
- Patellar mobilization, quadriceps sets, heel slides, straight leg raises, gluteal sets, co-contractions, active-assisted ROM stretching (emphasizing full knee extension), stationary bike and elliptical as tolerated
Phase 2: Post-operative 2-6 weeks

Goals
- Restore and improve muscular strength and endurance
- Full pain free knee range of motion
- Gradual return to functional activities
- Improve balance and proprioception
- Restore normal gait mechanics without assistive devices

Weight-bearing status
- Progress to full weight bearing; may use transitional crutch or cane when needed until normal gait mechanics restored

Therapeutic exercises
- All exercises as needed from Phase 1
- Cardio – stairmaster, elliptical, treadmill, bike
- Leg press
- Lateral step up and step downs, front step ups
- Closed kinetic chain exercises for terminal knee extension
- Proprioceptive and balance training
- Stretching exercises

Phase 3: Post-operative weeks 6+

Goals
- Optimize muscle strength and endurance
- Maintain full ROM
- Full return to sport and functional activities

Weight-bearing status
- Full

Therapeutic exercises
- Continue closed kinetic chain exercises
- Plyometric, agility, running programs, and sport specific drills as tolerated and as indicated to achieve personal activity goals

Signature ______________________________      Date___________________________