



**Department of Orthopaedic Surgery
Sports Medicine and Shoulder Service**

**Knee Arthroscopy / Partial Medial – Lateral Meniscectomy /
Chondroplasty: Medial Femoral - Lateral Femoral - Patellofemoral /
Loose Body Removal Rehab Protocol Prescription**

Patient Name:

Date:

Diagnosis: meniscal tear loose body articular cartilage lesion

Frequency: 2-3 visits/week Duration: 3 months

Week 1-3

- 2 to 3 visits per week, 5 times a week home program
- Prone lying, supine with logroll under heel, and gentle stretching to achieve full hyper-extension
- Quad sets, may use electrical stimulation, increase # visit/week if quad inhibited
- Patellar mobilizations, especially superiorly
- Straight leg raises, full arc quads without weights
- Prone knee flexion, heel slides, calf and hamstring stretching
- Icing program, 3 to 5 times a day, 30 minutes each after exercises
- Crutches may be stopped within 1 week as long as the patient has full extension, can perform a straight leg raise without an extension lag, and ambulates without a limp.
- Begin quad exercises including mini-squats, wall slide mini-squats, partial arc quads (60 to 90 degrees), and hamstring curls with light weights when range of motion is full
- Toe raises with weights, step-ups (begin with 2 inches and progress to a full step)
- Crutches should be weaned off in this stage, and gait should be normal

Week 3-6

- 2 to 3 visits per week, 5 times a week home program
- Continue all exercises in previous phase (as described above)

- Focus rehabilitation towards more closed-chain exercises including leg presses, step-ups, mini-squats, leg extensions, and hamstring curls with light weights, high repetitions. Repetitions should be smooth and slow and NOT explosive. May begin jump rope exercises.
- Endurance closed-chain quadriceps exercises should begin such as Stairmaster, stationary bike, elliptical trainer, Nordic trac, etc. Focus on increasing endurance and should be performed 3 to 4 times per week.
- If a pool is available, swimming may started at 1 month
- Begin slow jogging and progress to slow running on even ground or treadmill, no cutting, jumping or pivoting (once range of motion is full and patient has full quadriceps control and if impact exercises are allowed)

Week 6 to 3 months:

- 3 to 5 times a week home program. May need physical therapy supervision for functional training.
- Begin advanced strengthening with weights including leg presses, squats, leg curls, and lunges
- Advance hip and core strengthening
- Initiate pylometric program as appropriate for patient's functional goals
- May begin functional training exercises including fast straight running, backward running, cutting, cross-overs, carioca, etc. if impact exercises allowed
- Begin gradual return to previous sports/activities/work duties under controlled conditions
- Full return to sports/activities/full work duties are pending Dr. Kaar' or Dr. Ali's approval based upon the following criteria:

Criteria for Return to Sports/Full Activities:

1. Normal muscle strength in the involved lower extremity
2. Run without a limp
3. Full range of motion
4. No effusion or quadriceps atrophy