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: __________________________