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Knee Arthroscopy: Debridement / Meniscectomy Rehab Protocol

Please fax initial assessment and subsequent progress notes directly to DM Ortho at 303-789-3010

Name: _____

Date: _____

Diagnosis: R / L Knee Arthroscopy -

Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks, Therapy to start 3-5 days after surgery

POSTOPERATIVE MANAGEMENT

- Reduce pain/swelling (ice 3x's daily for 15-20 minutes directly on knee)
- Full knee ROM as soon as possible
- Full weight bearing as tolerated
- Normal gait (walking) without crutches/cane

Week 0-2:

- Modalities as needed
- Stationary bike with high seat if needed and lower it to normal height when able
- Quad sets/SLR
- Chair Squats/Wall squats – keep tibia perpendicular to floor
- Open/Closed chain ex's (leg extensions, leg curls, leg press etc)
- Step Ups – start with comfortable height and progress to normal step height as able

Week 3-4:

- Cont. as above
- Stairmaster, Versa climber, general cardio
- Exercise affected leg only to develop symmetrical LE strength

Week 5-6:

- Cont. as above
- May begin running if knee is not swollen or painful
- Plyometrics if needed
- Introduce sport specific training/functional movements

Criteria for discharge:

1. Full, pain free range of motion
2. Strength is equal bilaterally
3. Has met specific functional/activity goals
4. Has been cleared by physician

Signature: _____

Date: _____