

General Knee Arthroscopy Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Partial meniscectomy: Medial ☐ Lateral ☐	Chondroplasty: ☐ Loose body removal: ☐	Lysis of adhesions: ☐ Intra-op ROM ____°–____°
Other Precautions:		

For partial meniscectomy, chondroplasty/debridement, loose body removal, lysis of adhesions, and synovectomy/plica excision. Not for meniscus or root repair, microfracture/cartilage restoration, or ligament reconstruction. **Nothing was repaired: weight bearing as tolerated, no brace, no ROM limits. Effusion and quadriceps control set the pace — advance when criteria are met, not by the calendar.** Supervised PT 1–2x/week, transitioning to a home program. Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–2	Goals - Control pain and effusion - Full extension; flexion $\geq 115^\circ$ - Quad control (SLR without lag) - Normal gait off crutches	Precautions - WBAT immediately; crutches for comfort only, wean within the first week - No brace and no ROM restrictions - Let pain and effusion guide loading If lysis of adhesions: start PT within 1–3 days; daily end-range stretching (extension first) to match intra-op ROM	Treatment Focus - Ice, compression, elevation; ankle pumps - Heel slides, prone hangs/heel props, patellar mobilizations - Quad sets, SLR, hip 4-way; NMES if quad lag - Stationary bike as flexion allows; gait training
► Advance to Phase 2 when: minimal effusion, full extension, flexion $\geq 115^\circ$, SLR without lag, normal gait without crutches.			
Phase 2 Weeks 2–6	Goals - Full pain-free ROM, no effusion - Quad and hip strength $\geq 80\%$ of the other side - Single-leg balance and control - Begin running once criteria are met	Precautions - No running/impact until full ROM, no effusion, and quad strength $\geq 80\%$ - Effusion or pain after a session → reduce load If chondroplasty or lateral meniscectomy: progress impact and deep loaded flexion more gradually If lysis of adhesions: keep daily end-range stretching; notify the surgeon if motion is slipping	Treatment Focus - Bike, elliptical, treadmill walking - Closed chain: leg press, squats, step-ups/downs, calf raises - Open chain: knee extension, hamstring curls - Balance/proprioception progression - Walk–jog intervals once running criteria met (often wks 4–6)
► Advance to Phase 3 when: full pain-free ROM, no effusion with activity, strength $\geq 80\%$ of the other side, pain-free jogging if returning to sport.			
Phase 3 Weeks 6–12	Goals - Strength and hop symmetry $\geq 90\%$ - Return to sport, work, and recreation - Independent home program	Precautions - Build impact and cutting volume gradually; no next-day effusion - Patients without sport or heavy-work demands may discharge to a home program once Phase 2 criteria are met	Treatment Focus - Progressive resistance with single-leg emphasis - Plyometrics, agility, and cutting progression - Sport- or work-specific drills
► Full Release (typically 6–8 wks; up to 12 wks): full pain-free ROM, no effusion, strength and hop tests $\geq 90\%$ of the other side, sport-specific testing passed, cleared by physician. Daily activities typically resume by about 3 weeks.			

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.