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WellSpan Orthopedics

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Rehabilitation Protocol: Arthroscopic Meniscectomy/Chondral Debridement

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-2)

- **Weightbearing:** As tolerated with cane or crutches (not required, only PRN for balance) x 24-48 hours – progress to WBAT without assistive device
- **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, quad activation

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
 - Stationary bicycle – raise seat
 - Balance exercises – Core work, proprioceptive training

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

Frequency: _____ times per week

Duration: _____ weeks

Send Progress notes

Physician's Signature: _____ Michael S. Day, MD

(I have medically prescribed the above treatments)