Ryan Blackwell, MD
Orthopedic Surgery | Sports Medicine

KNEE

Arthroscopic Meniscectomy, Chondroplasty, Loose Body Removal

Surgery Date: _____

Progressions are time and criterion-based, dependent on soft tissue healing, patient demographics and clinician evaluation. A review of the operative note and communication of any concerns with the referring physician is encouraged. Use of allowed visits should consider overall insurance limitations. When limitations are present, spread visits out over time to ensure that the patient can optimally complete rehab program with return to appropriate activities.

Phase I (Weeks 0 – 2): Immediate Postoperative / Period of Protection

Weight Bearing

- Weight bearing as tolerated with crutches

Range of Motion

- Full PROM to AAROM to AROM as tolerated

Modalities

- Per therapist discretion

Rehabilitation Goals

- Reduce pain and swelling
- Restore full knee extension
- Restore quadriceps activation

Precautions

- Maximum protection of inflamed joint
- No running, jumping, plyometric activity

Inflammation Control

- Active quad control (NMES)
- Cryotherapy/Compression (Game Ready)
- Elevation

Therapeutic Exercise

- Quad sets, SLR, ankle pumps
- Hip strengthening (SLR all planes, clam shells)
- Core stabilization
- Gait training as needed

Criteria to Progress to Phase II

- Full active knee extension, pain-free to overpressure
- Quad isometric with superior patellar glide
- SLR without quad lag
- Trace to 1+ effusion or less
- Pain-free ambulation without gait deviation

Phase II (Weeks 2 – 4): Transitional Phase – Low Impact

Weight Bearing

- Full weight bearing, discontinue crutches

Range of Motion

- Progress to full, symmetrical ROM

Rehabilitation Goals

- Full ROM with symmetrical active knee extension
- Normalize gait pattern
- Return to light work / moderately heavy labor
- Return to recreational sports (swimming, cycling, walking, linear jogging)

Therapeutic Exercise

- Progress quad and hip strengthening
- Begin closed chain exercises
- Balance and proprioception training
- Stationary bike

Phase III (Weeks 4 – 6): Intermediate Phase – Linear

Rehabilitation Goals

- Initiate running program
- Progress strengthening
- Return to work / heavy labor
- Return to cycling, recreational sports (tennis, racquetball, skiing, jogging)

Running Criteria

- Full, pain-free ROM
- No effusion
- Normalized gait mechanics
- 6" lateral step down: normal mechanics and eccentric control

Therapeutic Exercise

- Progress resistance training
- Lateral step-down progression
- Begin linear jogging program

Phase IV (Weeks 6+): Return to Activity – High Impact

Rehabilitation Goals

- Return to sport-specific activities
- Return to full sport participation (6–8 weeks)

Criteria for Return to Sport

- Full, pain-free ROM

- No effusion
- Adequate strength and neuromuscular control
- Physician clearance