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Post-Operative Protocol- Partial Meniscectomy/Chondroplasty/Knee Arthroscopy

Patient Name: _____ Date: _____

Diagnosis: _____ Date of Surgery: _____

_____ Provide patient with home exercise program

0-2 Weeks:

- Full WBAT immediately
- Crutches for 24 – 48 hrs. D/C when gait normalizes.
- Full Active/Passive ROM
- SLR, Heel Slides, Quad Sets, Calf Pumps
- Patellar Mobilization

2-6 Weeks:

- Full Weight Bearing
- Progress with ROM until full
- Wall sits, Lunges, Balance Exercise's
- Closed Chain Quad Strengthening
- Modalities PRN

_____ Other:

Modalities: _____ Electric Stimulation _____ Ultrasound _____ Heat before/Ice after

Frequency: _____ x/ week x _____ weeks

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