



PHYSICAL THERAPY PRESCRIPTION
KNEE ARTHROSCOPY

Name: _____

Diagnosis: _____

DOS: _____

Rx:

Dressing change / wound check 2-3 days post-op

Modalities and E-Stim prn (in therapy only)

Emphasize early full passive extension to 0°

Avoid flexion > 100° for first week to reduce risk of portal drainage

ROM and light PRE as tolerated

Duration:

BIW X 2-3 weeks or until independent with gait and exercises

Precautions:

WBAT unless otherwise indicated here: _____

___ None

X Low Impact –

___ Patellofemoral precautions – no heavy CKC PRE

___ Other:

X  _____

IF QUESTIONS: PLEASE CALL 469-800-7200 or email DrBlack@SheenaBlackMD.com



PHYSICAL THERAPY PROTOCOL
KNEE ARTHROSCOPY

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-2 PT 1-2x/week HEP daily	Edema and pain control Maintain full extension Limit quad inhibition ROM 0-90°	WBAT Limit knee flexion to 90° Avoid prolonged standing/walking No reciprocal stair ambulation	Quadriceps isometrics & re-education Patella mobilization Emphasize full passive extension P/A/AAROM flexion/extension Proprioception training Hip progressive resisted exercises
Weeks 2-6 PT 2-3x/week HEP daily	Full ROM Minimal swelling Normalize gait Ascend/Decent 8" stair Reciprocate stairs Return to normal ADLs	WBAT Avoid pain with therapeutic exercises and functional activities	Continue above Advance flexibility and proprioception Leg press Step up/step down program Elliptical
Weeks 6-12 PT 2-3x/week HEP daily	Full ROM Return to normal activity Run pain free Maximize strength/flexibility	WBAT Avoid pain with therapeutic exercises and functional activities Return to sport (MD directed)	Continue above Initiate running when able to descend 8" step without pain/deviation Plyometrics Agility and sport specific training Advance proprioception Advance LE strengthening

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