PHYSICAL THERAPY PRESCRIPTION



Dean Wang, M.D.

Orthopaedic Surgery and Sports Medicine Appointments: 714-456-7012 (Orange) II 949-515-5210 (Costa Mesa) Office: 714-456-7012 Fax: 714-456-8711 CA License: A124076

PATIENT STICKER

KNEE ARTHROSCOPIC DEBRIDEMENT PROTOCOL

Surgical Date: _____

Side: □ Right □ Left

Diagnosis:
Meniscectomy (medial / lateral)

Chondroplasty / Removal of Loose Bodies

□ Plica Excision

| <u>Postop</u> | <u>Goals</u> | Precautions | <u>Exercises</u> |
|------------------------|---|--|--|
| Weeks 0-2 HEP daily | Edema and pain control Maintain full extension Limit quad inhibition ROM 0-90° | WBAT Avoid prolonged standing/walking | Quadriceps isometrics & re- education Patella mobilization Emphasize full passive extension P/A/AAROM flexion/extension Proprioception training Hip progressive resisted exercises |
| Weeks 2-4 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 Initiate running when able to descend 8" step without pain/deviation Cycling, elliptical, running as tolerated |
| Weeks 4-8 HEP daily | Full ROM Maximize strength/flexibility Run pain-free Return to sports | WBAT Avoid pain with therapeutic exercises and functional activities | Continue above Advance sports-specific exercises as tolerated Plyometrics Advance proprioception Maintenance core, glutes, hip, and balance program |

| Frequency & Duration: 1-2 | □ 2-3 x/week for | weeks | Home Program |
|----------------------------|------------------|-------|--------------|
| | | | |

Physician's Signature:_____

___M.D.