

Knee Arthroscopy with Meniscectomy/Chondroplasty

Pt Name: _____
 Dr: Alexander Strassman, DO

Date: _____

● = Do exercise for that week

Week

ROM RESTRICTIONS
 Full passive motion

BRACE SETTINGS
 None

WB STATUS
 Partial weight bearing x 1-2 weeks

TIME LINES
 Week 1 (1-7 PO)
 Week 2 (8-14 PO)
 Week 3 (15-21 PO)
 Week 4 (22-28 PO)

Initial Exercises	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Flexion/Extension - wall slides	●	●	●	●	●	●	●	●						
Flexion/Extension - seated	●	●	●	●	●	●	●	●						
Patella/Tendon mobilization	●	●	●	●	●	●	●	●						
Extension mobilization	●	●	●	●	●	●	●	●						
Quad series	●	●	●	●	●	●	●	●						
Hamstring sets	●	●	●	●	●	●	●	●						
Sit and reach for hamstrings (towel)	●	●	●	●	●	●	●	●						
Ankle pumps	●	●	●	●	●	●	●	●	●					
Toe and heel raises		●	●	●	●	●	●	●						
Balance series		●	●	●	●	●	●	●	●	●	●	●	●	●
Cardiovascular Exercises	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Bike/Rowing with well leg	●	●	●	●	●	●	●	●						
Bike with both legs - no resistance	●	●	●	●	●	●	●	●	●					
Bike with both legs - resistance			●	●	●	●	●	●	●	●	●	●	●	●
Aqua-jogging			●	●	●	●	●	●	●	●	●	●	●	●
Treadmill - walking 7% incline			●	●	●	●	●	●	●	●	●	●	●	●
Swimming with fins				●	●	●	●	●	●	●	●	●	●	●
Elliptical trainer				●	●	●	●	●	●	●	●	●	●	●
Rowing				●	●	●	●	●	●	●	●	●	●	●
Stair stepper				●	●	●	●	●	●	●	●	●	●	●
Weight Bearing Strength	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Double knee bends				●	●	●	●	●	●	●	●	●	●	
Double leg bridges				●	●	●	●	●	●	●				
Reverse lunge - static hold				●	●	●	●	●	●	●				
Beginning cord exercises				●	●	●	●	●	●	●	●			
Balance squats					●	●	●	●	●	●	●	●	●	●
Single leg dead-lift					●	●	●	●	●	●	●	●	●	●
Leg press					●	●	●	●	●	●	●	●	●	●
Sports Test exercises					●	●	●	●	●	●	●	●	●	●
Agility Exercises	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Running progression						●	●	●	●	●	●	●	●	●
Initial - single plane						●	●	●	●	●	●	●	●	●
Advance - multi directional								●	●	●	●	●	●	●
Functional sports test								●	●	●	●	●	●	●
High Level Activities	1	2	3	4	5	6	7	8	9	10	12	16	20	24
Golf Progression				●	●	●	●	●	●	●	●	●	●	●
Outdoor biking, hiking, snowshoeing								●	●	●	●	●	●	●
Skiing, basketball, tennis, football, soccer								●	●	●	●	●	●	●

Therapist Name: _____

