

## Physical Therapy Prescription – Arthroscopic Meniscectomy, Chondral Debridement

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Diagnosis:** R / L Knee Arthroscopy

**Frequency:** 2-3 Times Per Week for \_\_\_\_ weeks

**Weeks 0-2:** *decrease edema, activate quadriceps*

- **Weight bearing:** as tolerated, ok to use crutches for 2-3 days if needed
- **Hinged Knee Brace:** none
- **Range of Motion:** AAROM → AROM as tolerated
- **Therapeutic Exercises:** patellar mobilization, quad sets, heel slides, step ups, straight leg raises, stationary bike as tolerated, core exercises, hip/glute/core
- **Modalities:** per therapist including E-stim, ultrasound, heat before therapy and ice after

**Weeks 2-4:**

- **Weight bearing:** as tolerated
- **Hinged Knee Brace:** none
- **Range of Motion:** full and painless
- **Therapeutic Exercises:** progress from above, add lunges, wall-sits, stationary bike and elliptical
- **Modalities:** per therapist including E-stim, ultrasound, heat before therapy and ice after

**Weeks 4-6:**

- **Range of Motion:** full, painless
- **Therapeutic Exercises:** advance closed chain strengthening exercises and proprioception activities, add plyometrics and sport specific exercises, add running, balance program, return to athletic activity at week 6
- **Modalities:** per therapist including E-stim, ultrasound, heat before therapy and ice after

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**Date:**\_\_\_\_\_