KNEE ARTHROSCOPY: MENISCECTOMY / LYSIS OF ADHESIONS / CHONDROPLASTY / FAT PAD RESECTION / PLICA RESECTION
Physical Therapy Protocol

Patient Name: ____ Date of Surgery: ____________________

Procedures: Right/Left Knee Arthroscopy
Partial Meniscectomy/Debridement
Fat Pad/Plica Debridement

Accessory Procedure *(circled if applicable)*:
Lysis of Adhesions (LOA) with Manipulation Under Anesthesia (MUA)

_____ **Evaluate and Treat**

_____ **Provide patient with home exercise program**

Frequency: ______ x/week x ______ weeks

_____ **Phase I (1-2 weeks)***: *Initial recovery.***

- **Weight Bearing:** As tolerated without assist by 48 hours post-op.
- **ROM:** Progress through passive, active and active-assisted ROM as tolerated.
  - Goal: Full extension by 2 weeks, 130 degrees of flexion by 6 weeks.
- **Patellar mobilization daily.**
- **Strengthening:** quad sets, SLRs, heel slides, etc.. No restrictions to ankle/hip strengthening.

***If a lysis of adhesions (LOA) and manipulation under anesthesia (MUA) was performed at the same time, patient needs to wear a knee immobilizer (or hinged knee brace, locked in extension) at all times except during PT and for hygiene. CPM is usually ordered for 2-4 hrs per day x 6 weeks.

_____ **Phase II (2-6 weeks)***: *Advance ROM and strengthening.***

- **ROM:** Continue with daily ROM exercises.
  - Goal: Increase ROM as tolerated; aggressive end-range stretching as tolerated.
- **Strengthening:** Begin and advance closed chain strengthening to full motion arc.
  - Add pulley weights, theraband, and other modalities as per PT discretion.
  - Advance to wall sits, lunges, balance ball, leg curls, leg press, plyometrics as tolerated.
  - Continue stationary bike and biking outdoors for ROM, strengthening, and cardio. Progress to sport-specific activities as tolerated.
  - Monitor for anterior knee symptoms, modulating exercises as necessary.

***If a lysis of adhesions (LOA) and manipulation under anesthesia (MUA) was performed at the same time, patient needs to wear a knee immobilizer (or hinged knee brace, locked in extension) at all times except during PT and for hygiene. CPM is usually ordered for 2-4 hrs per day x 6 weeks.

The Christ Hospital™ Physicians
Joint & Spine

______ **Other:**

- _____ Modalities _____ Electrical Stimulation _____ Ultrasound
- _____ Heat before/after _____ Ice before/after exercise
- _____ May participate in aquatherapy after week three, begin aqua-running week 6

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.
This patient _______ would _______ would not benefit from social services.

Physician Name: ____ Date: ________________________

The Christ Hospital™ Physicians
Joint & Spine