ORTHOPAEDIC SPECIALISTS OF MASSACHUSETTS

PHYSICAL THERAPY PRESCRIPTION

Post-Operative Knee Arthroscopy (Partial Meniscectomy + Degenerative Changes)

Patient Name: _____ **DOB:** _____ **Date:** _____

DIAGNOSIS

- Status post knee arthroscopy with partial meniscectomy
- Knee osteoarthritis / degenerative joint disease

PRESCRIPTION

Evaluate and Treat

REHABILITATION GOALS

- Reduce pain and swelling
- Restore full range of motion (emphasis on extension)
- Improve quadriceps strength and activation
- Normalize gait mechanics
- Return to functional and recreational activities

FREQUENCY / DURATION

2–3 times per week for 4–6 weeks

TREATMENT GUIDELINES

Range of Motion

- Early focus on full extension; gradual progression of flexion as tolerated

Strengthening

- Quad sets, SLRs; closed-chain exercises (mini-squats, leg press); hamstring, hip, and core strengthening

Manual Therapy

- Patellar mobilization; soft tissue mobilization as indicated

Modalities (PRN)

- Ice, compression, electrical stimulation for pain/swelling

Proprioception / Balance

- Initiate early and progress as tolerated

Gait Training

- Normalize ambulation; wean assistive devices as appropriate

PRECAUTIONS

- Avoid deep squatting, pivoting, and twisting early
- Progress based on pain and swelling
- Weight bearing as tolerated unless otherwise directed

REHABILITATION PROGRESSION

	Phase 1: 0–2 Weeks	Phase 2: 2–6 Weeks	Phase 3: 6+ Weeks
Goals	Control pain/swelling; full extension; flexion 90°+; normalize gait	Full ROM; improve strength, balance/proprioception, functional tolerance	Restore full strength/endurance; return to activities/sport
ROM	Emphasize full extension; flexion as tolerated; patellar mobilizations	Achieve and maintain full ROM	Maintain full, pain-free ROM
Strengthening	Quad sets, SLRs, hip/core activation, hamstring sets, ankle pumps	Closed-chain progression, mini-squats, step-ups, leg press, lunges	Advanced/sport-specific strengthening, power & agility as indicated
Functional	Gait training; weight bearing as tolerated; wean assistive device	Balance/proprioception, step training, increase walking tolerance	Dynamic balance, plyometrics (if appropriate), return to sport/work
Other	Ice/compression/e-stim PRN; education/HEP	Continue modalities PRN; progress HEP	Continue as needed; transition to independent program

ADDITIONAL INSTRUCTIONS TO PHYSICAL THERAPIST

Physician Signature: _____

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