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**Post-Operative Rehabilitation Guidelines for
Knee Arthroscopy, Medial / Lateral Partial Menisectomy**

Patient Name: _____ **Date:** _____

Treatment Frequency: _____ times per week, for _____ weeks **SITE R L**

Please send progress notes.

Physician's Signature: _____

(I have medically prescribed the above treatments)

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Sports Medicine & Orthopedic Surgery

PHASE 1: WEEKS 1 - 3

- Anti-inflammatory modalities as needed: Ice, massage, elevation
- WBAT, crutch or cane assist for first week PRN
- ROM: Active, active/assist, passive – progress to full as tolerated
- Stationary bicycle (when ROM adequate; raise seat height)
- Quad activation/isometrics, SLR, patella mobilization
- Hamstring stretching/strengthening
- Iliotibial band and adductor/abductor stretching and strengthening
- Avoid: Squatting, pivoting, twisting, deep knee bends until full ROM without pain

PHASE 2: WEEKS 4 - 6

- Continue anti-inflammatory modalities
- Advance knee motion and gait mechanics
- Stairclimber endurance training
- Core strengthening (closed kinetic chain)
- Advance Quad/HS exercises
- Proprioceptive training/exercises
- Home program, Return to Sport/Play