

Post-Operative Rehabilitation Guidelines for knee arthroscopic fat pad debridement Name: Date: Diagnosis: Date of Surgery _____ Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks Phase I Weeks 0-2: · Weight bearing as tolerated No brace • Full Active/Passive ROM • SLR, Heel Slides, Quad/Hamstring Sets, Calf Pumps Patellar Mobilization, planks, bridges, abs, step-ups and stationary bike as tolerated Phase II Weeks 2-4: Full Weight Bearing Full ROM • Progress Phase I exercises Add sport specific exercises as tolerated · Cycling, elliptical, running as tolerated Modalities PRN Phase III Weeks 4-12: Add sport specific exercises as tolerated · Maintenance core, glutes, hip and balance program **Comments:** __ Functional Capacity Evaluation __ Work Hardening/Work Conditioning __ Teach HEP Modalities: __ Electric Stimulation __Ultrasound __Iontophoresis __Phonophoresis __ TENS __ Heat before/after __ Ice before/after __ Trigger points massage __ Therapist's discretion __ Other____ Signature: Date: