Post-Operative Rehabilitation Guidelines for knee arthroscopic loose body removal 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: \_\_\_\_\_