

## **ARTHROSCOPIC DEBRIDEMENT PHYSICAL THERAPY PRESCRIPTION**

Diagnosis: S/p (Left / Right) Knee Arthroscopic Debridement

Date of surgery: \_\_\_\_\_

### **PHASE I (0 to 2 WEEKS):**

#### **GOALS:**

Pain control  
Decrease swelling

#### **EXERCISES/RESTRICTIONS:**

Weight bearing as tolerated  
ROM: No restrictions. Active / Active-Assisted / Passive  
Heel slides  
Quad/hamstring sets  
Straight leg raise  
Bridges  
Step-ups and stationary bike as tolerated

### **PHASE II (2 to 6 WEEKS):**

#### **GOALS:**

Weight bearing as tolerated  
Good patellar mobility  
Pain and swelling control  
Quadriceps control

#### **EXERCISES/RESTRICTIONS:**

Weight bearing as tolerated  
Progress phase I exercises  
Cycling, elliptical, running as tolerated  
Home exercise program  
Maintenance core, glutes, hip and balance program

### **PHASE III (6 to 12 WEEKS):**

#### **GOALS:**

Weight bearing as tolerated  
Good patellar mobility  
Return to normal activity

**EXERCISES/RESTRICTIONS:**

Advance sport-specific exercises as tolerated  
Maintenance core, glutes, hip and balance program

Evaluate and treat per therapist plan.  
Please follow the protocol as directed and call the office with questions or renewals.  
\*\*Please send progress notes.

NAME OF PATIENT: \_\_\_\_\_

**Treatment:** \_\_\_\_ times per week      **Duration:** \_\_\_\_ weeks      \_\_\_\_ Home Program

Physician's Signature: \_\_\_\_\_      Date: \_\_\_\_\_

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