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REHAB PROTOCOL: Knee Scope and Subchondroplasty

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase 1: Weeks 0-2

Weight-bearing: Toe touch weight bearing

ROM: Full ROM as tolerated (AROM/AAROM/PROM)

Therapeutic Exercises

- Heel slides
- Ankle pumps
- Quad sets
- 4-way SLR
- Knee flexion and extension sets
- Hamstring curls

Phase II (Weeks 2-6)

Weightbearing: As tolerated

Range of Motion – maintain full ROM – gentle passive stretching at end ranges

Therapeutic Exercises

- Quadriceps and Hamstring strengthening
- Lunges
- Wall-sits
- Balance exercises – Core work

Phase III (Weeks 6 and beyond)

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Weightbearing: Full weightbearing
Range of Motion – Full/Painless ROM
Therapeutic Exercises

- Leg press
- Hamstring curls
- Squats
- Plyometric exercises
- Endurance work
- Return to athletic activity as tolerated

Comments:

Frequency: _____ **times per week**

Duration: _____ **weeks**

Signature: _____

Date: _____