

Knee Arthroscopic Chondral Debridement

Name: _____ Date: _____ DOS: _____

KNEE ARTHROSCOPIC CHONDRAL DEBRIDEMENT 3X/WK X 6 WKS

(0-2 weeks)

REHAB GOALS

- Decrease post-op joint effusion/swelling to minimal or none w/in 4-5 weeks post-op
- Restore **full AROM** by 2-3 weeks post-op
- Normal LE strength by 4-6 weeks post-op
- Normal LE function w/ discharge to independence in ADL's by 6 weeks post-op
- Compliance to out-patient and home exercise program (HEP)

CLINICAL INTERVENTION

Eval:

- 3-5 days post op
- Dressing change and inspect wound for abnormal healing
- Issue HEP
- SLR
- Quad sets
- A/AROM
- Hamstring stretch
- Passive extension
- RICE and moist heat education
- Home E-Stim if appropriate

Gait Training:

- Instruct in heel-toe gait w/ axillary crutches WBAT
- DC crutches when pt can ambulate w/o limp

Ther Ex:

- Bike for ROM only
- Hip and ankle PRE's to tolerance
- Knee AROM
- Sub-max isometrics
- SAQ and LAQ
- Knee flexion

Manual Therapy:

- Gentle PROM w/ emphasis on extension to pt's tolerance
- Scar massage prn

Modalities:

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Atlantic Health System

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- E-Stim and ice for edema control
- E-Stim for Mm re-education
- Biofeedback for Mm re-education

Frequency:

- 2x/Week

(2-4 weeks)

REHAB GOALS

- Full AROM and PROM

CLINICAL INTERVENTION

Ther Ex:

- Initiate Aquatics if available and if proper wound healing has occurred
- Initiate knee PRE's as tolerated open and closed chain
- Progress hip and ankle PRE's as tolerated
- Initiate functional activity training as tolerated
- Endurance training

Manual Therapy:

- Continue PROM prn
- Continue scar massage prn

Modalities:

- Continue modalities prn

Frequency:

- 2x/week

(4-6 weeks)

REHAB GOALS

- Full AROM should be achieved
- DC goal is 6 weeks post-op if normal LE function is obtained.

CLINICAL INTERVENTION

Ther Ex:

- Progress LE strengthening
- Progress functional activity training
- Initiate sport-specific training or Work Conditioning
- Request FCE if appropriate before initiating work conditioning