### Phase I: 0-1 Week

**Precautions:** Surgical healing

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<th>Weight Bearing</th>
<th>Brace</th>
<th>ROM</th>
<th>Therapeutic Exercises</th>
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| WBAT with crutches until normal gait pattern achieved | No brace | AROM/PROM emphasizing full extension | Quad Sets  
*NMES as needed  
SLR x 3 (Flex, Abd, Ext)  
Beginner mat exercises for core and proximal hip strength  
Heel raises, weight shifting progressing to SLS |

**Goals:** Quad activation, ROM ≥ 90 degrees, working toward full knee hyperextension, independent SLR without lag

### Phase II: 1-3 Weeks

**Precautions:** Surgical healing, observe and correct for knee/hip alignment (functional valgus at knee and pelvic drop) with squatting and single limb activities

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| FWB            | None    | AROM emphasizing full terminal knee extension | CKC: TKE, leg press, 2” step-up/downs; core strength; proprioceptive activities  
Biking: low resistance 10-20 min |

**Goals:** ROM ≥ 110, full knee hyperextension, minimal edema, NL gait with full TKE
Phase III: 3-6 Weeks

**Precautions:** Correct knee/hip alignment (functional valgus at knee and hip drop) with squatting and single limb activities. OBSERVE FOR SWELLING OF THE KNEE WITH ACTIVITIES. If swelling is persistent cannot advance to next

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| FWB            | None  | Full, symmetrical ROM | • Bike  
• Advanced CKC: Squats, single leg squats, step-ups/downs, leg press, 2” retro step up, tri-planar SL squatting activities; advanced proprioceptive as tolerated |

**Phase III Goals:** Knee flexion ≥ 135, normalized gait pattern, reciprocal gait pattern on stairs, SLS ≥ 30-60 sec, successful retro step ≥ 4”

Phase IV: 6-10 Weeks

**Phase IV Precautions:** Observe and correct for soft, low squat landing with plyometrics maintaining good alignment at pelvis and knee, caution re: patellar tendonitis or knee pain as patient progresses. Limit or remove pounding activities if joint swelling persists.

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<tr>
<th>Cardiovascular Fitness</th>
<th>Proprioception/ Balance</th>
<th>Core Stability</th>
<th>Strength</th>
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| • Initiate return to run program | Progress drills:  
-Add Surface Challenge/Perturbation in bilateral support  
• Single limb activities on level surface | • Intermediate Advanced Core poses per control | • Progress CKC drills to 1 leg per control/symptoms  
• Initiate basic large muscle group weight training: 2 leg support |

**Phase IV Goals:** Gradually progress all elements as appropriate per patient’s demonstrated strength, coordination and symptom control; gradually work into more specific return to sport activities.

References:
William Beaumont Army Medical Center: Physical Therapy Section  
http://www.sportsdoc.umn.edu/Clinical_Folder/Rehab_Protocols/rehabmain.htm  
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Meniscectomy & Chondroplasty