

Knee Debridement/Arthroscopy

Name: _____ Date: ____/____/____

• = Do exercise for that week/month

		Week						Month							
		1	2	3	4	5	6	7	8	9	10	3	4	5	6
ROM	Initial Exercise														
	Restrictions:														

Brace Settings:	_____														

Weight Bearing Status:	Cardiovascular Exercises	1	2	3	4	5	6	7	8	9	10	3	4	5	6
	• Non WB														
	• Touch down WB														
	• Partial 30 percent WB														
	• As tolerated WB														
	• Full WB														

Time Lines:	Sport Cord Exercises	1	2	3	4	5	6	7	8	9	10	3	4	5	6
	• Week 1 (1 to 7 POD)														
	• Week 2 (8 to 14 POD)														
	• Week 3 (15 to 21 POD)														
	• Week 4 (22 to 28 POD)														

Agility Exercises	1	2	3	4	5	6	7	8	9	10	3	4	5	6
Initial					•	•	•	•	•	•	•	•	•	•
Advance						•	•	•	•	•	•	•	•	•
Weights	1	2	3	4	5	6	7	8	9	10	3	4	5	6
Leg press to 90 degrees							•	•	•	•	•	•	•	•
Leg curls – don't hyperextend							•	•	•	•	•	•	•	•
Ab/adduction							•	•	•	•	•	•	•	•
Mini squats with bar									•	•	•	•	•	•
Balance squats									•	•	•	•	•	•
High Level Activities	1	2	3	4	5	6	7	8	9	10	3	4	5	6
Outdoor biking					•	•	•	•	•	•	•	•	•	•
Golf							•	•	•	•	•	•	•	•
Running								•	•	•	•	•	•	•
Skiing, basketball, tennis, football, soccer								•	•	•	•	•	•	•