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MENISECTOMY/ARTHROSCOPY/CHONDROPLASTY/BIOPSY

| | WEIGHT BEARING STATUS | POST OP BRACE | RANGE OF MOTION | THERAPEUTIC GOALS | PATIENT'S CHECKLIST |
|-----------------|--|----------------------|---|---|--|
| Week 0-2 | WBAT Use crutches as needed. | None | Full Focus on regaining full extension | PT/HEP: LE strength progression within parameters from PT/physician. Modalities as needed to decrease pain and swelling Stationary bicycle with resistance as tolerated. No open chain knee extension | <ul style="list-style-type: none"> ○ Day 1: take off Ace-wrap only. ○ Take Aspirin daily x 30 days ○ Bruising and swelling is normal, it may travel to the ankle. Elevate the leg when laying, perform ankle pumps. ○ Apply ice as needed, 20 min on and 60 min off ○ Start Physical therapy within first week after surgery as needed. ○ Patients are responsible for understanding the individual insurance coverage for PT. |
| Week 3-4 | Full WB | None | Full | Progress PT/HEP strengthening as appropriate. | |