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## **Arthroscopic partial medial or lateral meniscectomy, loose body removal or debridement protocol:**

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone a partial meniscectomy, loose body removal or debridement. It is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring Surgeon.

Rehabilitation after meniscectomy may progress aggressively because there is no anatomic structure that requires protection.

**Progression to the next phase is based on clinical criteria and meeting the established goals for each phase.**

### **Phase I – Acute Phase:**

#### **Goals:**

- Diminish inflammation and swelling
- Restore knee range of motion (goal 0-115, minimum of 0 degrees extension to 90 degrees of flexion to progress to phase II)
- Reestablish quadriceps muscle activity/re-education (goal of no quad lag during SLR)
- Educate the patient regarding precautions, activity progression and the rehabilitation process

#### **Weight bearing:**

- Weight bearing as tolerated. Use two crutches initially progressing to weaning crutches as swelling and quadriceps status dictates.

**Modalities:**

- Cryotherapy
- Electrical stimulation to quadriceps for functional retraining as appropriate
- Electrical stimulation for edema control- high volt galvanic or interferential stimulation as needed

**Therapeutic Exercise:**

- Quadriceps sets
- SLR
- Hip adduction, abduction and extension
- Ankle pumps
- Gluteal sets
- Heel slides
- ½ squats
- Active-assisted ROM stretching, emphasizing full knee extension (flexion to tolerance)
- Hamstring and gastroc/ soleus and quadriceps stretches
- Use of compression wrap or brace
- Bicycle for ROM when patient has sufficient knee ROM. May begin partial revolutions to recover motion if the patient does not have sufficient knee flexion

**Phase II: Internal Phase :****Goals:**

- Restore and improve muscular strength and endurance
- Reestablish full pain free ROM
- Gradual return to functional activities
- Restore normal gait without an assistive device
- Improve balance and proprioception

**Weight bearing status:**

Patients may progress to full weight bearing as tolerated without analgesia. Patients may require one crutch or cane to normalize gait before ambulating without assistive device.

**Therapeutic exercise:**

- Continue all exercises as needed from phase one
- Toe raises- calf raises
- Hamstring curls
- Continue bike for motion and endurance
- Cardio equipment- stairmaster, elliptical trainer, treadmill and bike as above.
- Lunges- lateral and front
- Leg press
- Lateral step ups, step downs, and front step ups
- Knee extension 90-40 degrees
- Closed kinetic chain exercise terminal knee extension

- Four way hip exercise in standing
- Proprioceptive and balance training
- Stretching exercises- as above, may need to add ITB and/or hip flexor stretches

**Phase III – Advanced activity phase:**

**Goals:**

- Enhance muscular strength and endurance
- Maintain full ROM
- Return to sport/functional activities/work tasks

**Therapeutic Exercise:**

- Continue to emphasize closed-kinetic chain exercises
- May begin plyometrics/ vertical jumping
- Begin running program and agility drills (walk-jog) progression, forward and backward running, cutting, figure of eight and carioca program
- Sport specific drills

**Criteria for discharge from skilled therapy:**

- 1) Non-antalgic gait
- 2) Pain free /full ROM
- 3) LE strength at least 4+/5
- 4) Independent with home program
- 5) Normal age appropriate balance and proprioception
- 6) Resolved palpable edema