



## MENISCECTOMY

### REHABILITATION PROTOCOL

#### REHABILITATION PROGRESSION

The following is a general guideline. Please consult Dr. Syal/Dr. Soswa if there is any uncertainty concerning advancement of a patient to the next phase of rehabilitation. Rehabilitation should be individualized according to patient status.

#### PRECAUTIONS

- supervised physiotherapy is expected for approximately 2-6 weeks
- compression knee sleeve may be worn immediately post-op or once able to fit, and continued for duration of rehab

#### PHASE I (WEEK 0-2)

- weight bearing as tolerated (with axillary crutches) x 7-10 days if needed
- active and passive ROM (limit flexion up to 90°)
- patellar mobilizations | foot and ankle exercises
- straight leg raise | TENS: electrical muscle stimulation
- isometric quads, hamstrings, calf muscles
- modalities for inflammation, as needed | keep wound dry for 12-10 days

#### PHASE 2 (WEEKS 2-6)

- precautions: no running, jumping, twisting, breast stroke
- by 7-10 days: full weight bearing, no aids
- straight leg raise – all planes | stretches/flexibility exercises
- closed kinetic chain exercises – lower extremity (up to 90° knee flex)
- start resisted lower extremity exercise
- balance and proprioception | cycling – no tension; gradually increase time
- start elliptical or swimming for knee ROM and strengthening
- start mini-squats (up to (90° flexion) | stair-master, Nordic Track

#### PHASE 3 (WEEKS 6+)

- continue with strengthening, functional, proprioceptive & endurance training
- can start jumping, light running, progress to further impact activities
- no restrictions

#### SOURCES:

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- Gough JV: Post-operative management of meniscectomy patients. Physiotherapy, 61(4): 109-110, April 1975