

## Knee Arthroscopy, Partial Meniscectomy Post-Operative Protocol

**May attend up to 1-3 times weekly for 12-16 weeks.**

*Timing of each phase varies based on individual patient factors, length of time immobilized, strength/ROM status, and expected performance/activity demands.*

**PHYSICAL THERAPY (PT):** Not required but may attend formal PT with a therapist if desired.

**RESTRICTIONS:** None, progress slowly and gradually as tolerated.

**WB / CRUTCHES:** As tolerated immediately with crutch assistance only as needed.

**BRACE:** No brace.

**RANGE OF MOTION:** Full ROM as tolerates.

**STRENGTHENING:** Begin after full ROM is achieved.

**MODALITIES:** Per PT or ATC's discretion. Ice use 3-5 x/day first 10-14 days then 2-3 x/day wks 1-4 as needed.

**RETURN TO ACTIVITY:** subject to change, based on individual progress, progress all as tolerates.

### **PHASE I: Immediate Post-Operative Phase (Days 1-3)**

#### **GOALS –**

- Control pain and swelling, decreased effusion, wound healing
- Independent and early ambulation, full weight bearing (FWB) is encouraged immediately.
- Quadriceps activation

#### **RESTRICTIONS –**

- 1) None. Pain should be your guide.
- 2) Full weight bearing as tolerated (WBAT) with crutch use only as needed. No brace.

#### **TREATMENT –**

- RICE (Rest, ice, compression, elevation)
- Ice and elevate 3-5 times/day or more as needed to help decrease pain and swelling
- Gluteal sets, quadriceps sets
- Gain immediate and full PROM/AROM as tolerated, progress to full RROM as tolerates.
- Stationary bike: begin with seat raised or further back and progress by lowering seat or scooting seat closer to increase ROM and then gradually adding resistance.
- Modalities per therapist discretion
- Home exercise program to be performed 2-3 times daily.

#### **CLINICAL MILESTONES –**

- Full extension present during gait, no limp
- No increased effusion or edema, no increased pain

### **PHASE II: Intermediate Post-Op Phase (*Weeks 1-3*)**

#### **GOALS –**

- Decreased pain, increased range of motion (ROM)
- Normal patellar mobility, Quadriceps control
- Normal gait
- Proximal strengthening and cardiovascular training

#### **RESTRICTIONS –**

- None. Continue gradual progression with activities of daily living, recreation and work activity.

#### **TREATMENT –**

- Pain management and control of effusion
- Patellar mobilizations, scar tissue mobilization
- ROM and flexibility exercises
- Neuromuscular re-education of quadriceps
- Closed chain double leg and single leg strengthening as tolerated, mini-squats, step-ups, total gym as tolerated
- Cardiovascular training, bike and elliptical first then gradual running progression.
- Modalities per therapist discretion
- Home exercise program to be performed 2-3 times daily.

#### **CLINICAL MILESTONES –**

- Maximized ROM, full extension, normal patellar mobility
- Good quadriceps recruitment with full weight bearing
- Resumption of ADL's and work duties

### **PHASE III: Advanced Strengthening Phase (*Weeks 3-6*)**

#### **GOALS –**

- Normal quadriceps recruitment present
- Full passive, active ROM
- Absence of pain, no effusion or edema
- Isokinetics initiated

#### **RESTRICTIONS –**

- None.

#### **TREATMENT –**

- Progression of quadriceps strengthening exercises
- Standing balance training
- Reduction of effusion or edema
- Strengthening exercises, leg press, step-downs
- Endurance, proprioception and flexibility exercises

#### **CLINICAL MILESTONES –**

- Improved stability with unilateral stance
- Minimal to no pain or effusion
- Equal hip, gluteus and core strength bilaterally
- Returned to full or near full participation in activities of daily living, work related duties and recreational/sport specific activity

### **PHASE IV: Return to Activity Phase (*Weeks 6-8*)**

#### **GOALS –**

- Return to athletics if not already.

#### **RESTRICTIONS –**

- None.

#### **TREATMENT –**

- Strengthening, endurance and flexibility exercises
- Agility drills, plyometric training and sport-specific drills

#### **CLINICAL MILESTONES –**

- Functional testing at least 90% of contralateral leg
- Isokinetic testing at least 90% of contralateral leg

#### **KEY FOR PATIENTS:**

**POST-OP** = after your surgery

**WB** = weight-bearing

**ROM** = range of motion

**PROM** = passive range of motion, someone else moves you

**AAROM** = active assisted range of motion

**AROM** = active range of motion, you move yourself

**RROM** = resisted range of motion, motion against resistance, strengthening

**SLR** = straight leg raise

**WNL** = within normal limits