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## PHYSICAL THERAPY PROTOCOL ARTHROSCOPIC PARTIAL MENISCECTOMY

### Procedure

Date of Surgery: \_\_\_\_\_ R L B/L Knee Arthroscopy, Partial Meniscectomy, Medial Meniscus  
Lateral Meniscus Medial & Lateral

Additional Procedures: \_\_\_\_\_

### Plan

Physical Therapy for R L B/L Lower Extremity 2-3x per Week x 8 Weeks

### General Guidelines

Please read and follow guidelines below. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. Phases and time frames are designed to give the clinician a general sense of progression. Concomitant injuries such as degenerative joint disease may alter the guidelines.

Follow physician's modifications as prescribed

### Post – Operative Phase I (Weeks 0-2)

Emphasize Normal gait pattern

Emphasize patient compliance with HEP

#### Goals:

- Full passive extension
- Control post-operative pain / swelling
- Progressive ROM, advance as tolerated
- Normalized gait
- Prevent quadriceps inhibition
- Independence in home therapeutic exercise program

#### Precautions:

- Avoid prolonged standing/walking
- Premature discharge of assistive device
- Non-reciprocal stair ambulation
- Avoid unilateral stance activities

#### Treatment Recommendations

- Quadriceps re-education, patella mobilization, A/AAROM for knee flexion, knee extension, hip progressive resisted exercises, proprioception training, cryotherapy with knee extension, modalities for muscle re-education, pain and edema, prn
- Emphasize patient compliance to HEP and weight bearing precautions/progression

**Minimum Criteria for Advancement to Next Phase:**

- 0° knee extension, minimum of 125° knee flexion
- Demonstrate ability to unilateral (involved extremity) weight bear without pain

**Post – Operative Phase II (Weeks 2-6)**

Emphasize eccentric quadriceps control

Emphasize functional progression

**Goals:**

- Full ROM
- Minimal swelling
- Able to reciprocate stairs
- Ascend and descend 8" stairs with good control, without pain

**Precautions:**

- Avoid pain with therapeutic exercise & functional activities

**Treatment Recommendations:**

- Continue phase I exercises as appropriate
- Advance exercises as tolerated: flexibility, leg press, OKC KE in a pain-free, crepitus-free arc, proprioceptive training, step up/ step down program, elliptical trainer
- Progress/advance patients home exercise program (evaluation based)

**Minimum Criteria for Advancement:**

- ROM WNLs
- Demonstrate ability to descend 8" step
- Good patella mobility
- Functional progression pending functional assessment

**Post – Operative Phase III (weeks 6-8)**

Emphasize return to function/sport

**Goals:**

- Return to full activity level
- Demonstrate ability to run pain free
- Maximize strength and flexibility as to meet demands of ADLs
- Isokinetic Testing and/ or Hop Test  $\geq$  85% limb symmetry

**Precautions:**

- Avoid pain with therapeutic exercise & functional activities
- Running and sport activity when adequate strength and MD gives clearance
- Patellofemoral pain

**Treatment Recommendations:**

- Initiate running when able to descend an 8" step without pain/ deviation, plyometrics, agility – sport specific training, advanced proprioceptive training, advanced LE strengthening

**Criteria for Discharge:**

- Hop Test  $\geq$  85% limb symmetry
- Lack of apprehension with sport specific movements
- Flexibility to accepted levels of sport performance
- Independence with gym program for maintenance and progression of therapeutic exercise program at discharge
- Protect patella-femoral joint from excessive load