

GUIDELINES FOR REHABILITATION

Arthroscopic Meniscectomy/Loose Body Removal/Debridement

GENERAL GUIDELINES

- **Cryotherapy:** Change ice packs or apply cryocuff every 4 hours while awake for first 72 hrs.

GENERAL PROGRESSION OF ACTIVITIES OF DAILY LIVING

Patients may begin the following activities at the dates indicated (unless otherwise specified by the physician):

- Showering without brace - after dressing removal at 72 hrs
- Bathing/ Pools – after suture removal
- Driving - Left Leg: 2 weeks for automatic
6 weeks for standard
Right Leg: 6 weeks for automatic or standard
- Use crutches and knee immobilizer brace for ambulation until return of quadriceps function (1-2 weeks)
- Weight bearing as tolerated immediately post-op

REHABILITATION PROGRESSION

The following is a general guideline for progression of rehabilitation following Arthroscopic Meniscectomy/Loose Body Removal/Debridement. Progression through each phase should take into account patient status (e.g. healing, function) and physician advisement. Please consult the physician if there is any uncertainty concerning advancement of a patient to the next phase of rehabilitation.

Phase 1

Begins immediately post-op and extends until specified criteria are met to advance to Phase 2.

Goals:

- Protect healing of soft tissue structures.
- Control inflammation.
- Improve knee flexion and extension range of motion.
- Increase lower extremity strength, including quadriceps muscle re-education.
- Educate patient regarding limitations and the rehabilitation process.

Weight-Bearing Status:

Weight bearing as tolerated. Two crutches progresses to discontinue crutches as swelling and quad status dictates.

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Therapeutic Exercises:

- Quad sets and isometric adduction with biofeedback for VMO (if necessary).
- Heel slides (AAROM).
- Ankle pumps.
- Non-weight-bearing gastroc/soles, hamstring stretches.
- SLR in flexion, abduction, adduction, and extension.
- Functional electrical stimulation may be used for poor quad contraction.
- Hamstring and calf stretching.
- May begin aquatic therapy at 2 weeks once incisions heal well with emphasis on normalization of gait.
- Stationary bike when patient has sufficient knee flexion. Can start partial revolution to recover motion if patient does not have sufficient knee flexion.

Phase 2

Criteria for Advancement to Phase 2:

- Good quad set, SLR without extension lag.
- Approximately 90° of flexion.
- Full extension.
- No signs of active inflammation.

Goals:

- Increase range of flexion.
- Increase lower extremity strength and flexibility.
- Restore normal gait.
- Improve balance and proprioception.

Weight Bearing Status:

May begin ambulation without crutches if the following criteria are met:

- No extension lag with SLR.
- Full active knee extension.
- Knee flexion of 90-100°.
- Non-antalgic gait pattern (may ambulate with one crutch or a cane to normalize gait before ambulating without any assistive device).

Therapeutic Exercises:

- Wall slides 0-45°, progressing to mini-squats.
- 4-way hip for flexion, extension, abduction and adduction.
- Closed kinetic chain terminal knee extension with resistive tubing or weight machine.
- Calf raises.
- Balance and proprioceptive activities (including single leg stance, KAT and BAPS).
- Treadmill walking with emphasis on normalization of gait pattern.
- ITB and hip flexor stretching, as necessary.

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Phase 3

Criteria for Advancement to Phase 3:

- Normal gait.
 - Full flexion of involved knee or within 10° difference from uninvolved knee.
 - Good quadriceps strength.
 - Good dynamic control with no patellofemoral complaints.
 - Clearance by physician to begin more concentrated closed kinetic chain progression.
- Begins at approximately 8 weeks and extends through approximately 4 months.

Goals:

- Restore any residual loss of range of motion.
- Continue improving quadriceps strength.
- Improve functional strength and proprioception.

Therapeutic Exercises:

- Quadriceps stretching.
- Hamstring curl.
- Leg press from 0-45° knee flexion.
- Closed kinetic chain progression.
- Abduction on 4-way hip.
- Stairmaster.
- Nordic Track.
- Jogging in pool with wet vest or belt.

Phase 4

Criteria for Advancement to Phase 4:

Begins once the following criteria are met and extends until patient has returned to work or desired activity.

- Release by physician to resume full or partial activity.
- No patellofemoral or soft tissue complaints.
- Necessary joint range of motion, muscle strength and endurance, and proprioception to safely return to work or athletic participation.

Goals:

- Continue improvements in quadriceps strength.
- Improve functional strength and proprioception.
- Return to appropriate activity level.

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Therapeutic Exercises:

Functional progression which may include but is not limited to:

- Slide board.
- Walk/jog progression.
- Vertical jump.
- Forward and backward running, cutting, figure 8, and carioca.
- Plyometrics.
- Sport-specific drills.

Work hardening program as prescribed by physician.

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PATIENT NAME

DATE OF SURGERY

DATE/TIME OF FIRST FOLLOW-UP APPOINTMENT