This protocol has been modified from Brotzman & Wilk, which has been published in Brotzman SB, Wilk KE, *Clinical Orthopaedic Rehabilitation*. Philadelphia, PA: Mosby Inc; 2003:315-319. The Department of Rehabilitation Services at Brigham & Women’s Hospital has accepted this protocol as our standard protocol for the management of patient’s s/p arthroscopic partial medial or lateral meniscectomy.

**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 pain, edema
- 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 Weight bearing as tolerated, use of crutches, icing, elevation 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 for 15 min 4 times a day ¹
- Electrical stimulation to quadriceps for functional retraining as appropriate
- Electrical stimulation for edema control- high volt galvanic or interferential stimulation as needed³

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 antalgia. 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

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• 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

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References

