



Rehabilitation Guidelines for Arthroscopic Knee Meniscectomy

The intent of this protocol is to provide the clinician with a guideline to establish and progress a patient through post operative rehabilitation. It is not intended to be a substitute for one's clinical decision making. The plan of care should be based upon the patient's clinical exam and individual goals.

Prior to initiation of interventions: check with surgeon/operative report to see specific procedure performed including: meniscectomy, chondroplasty with grade of arthritis (Grade I-IV), lateral release, microfracture, or meniscal repair.

- ❖ If meniscal repair or microfracture then see specific protocol or check with surgeon regarding progression

Need to take into consideration multiple variables including: chronicity of symptoms including mechanism of injury, patient demographics including age, motivation, expectations, and ADL, work, or sport requirements. Also consider any confounding comorbidities. Based upon these variables, wide variations of progressions and patient outcomes may exist, however the following is a basic guideline that can be used to reference.

- ❖ Notify the surgeon ***immediately*** of any concerns for DVT, infection, edema, or significant variation in expected progression/outcomes.

❖ **Pre-Op (if available):**

- Measure for and fit with ted hose
- Perform crutch/walker training and issue crutches/walker if needed
- Evaluation should be scheduled for 2- 3 days after surgery
- Post-op instructions and education from surgery date to initial physical therapy appointment

❖ **Post-Op**

- *Goals:*
 - Decrease pain and inflammation
 - Achieve/maintain full extension
 - Incrementally increase range of motion
 - Facilitate quadriceps contraction
 - Patient education of precautions and progressions
 - Enhance patients function
- *Precautions:*
 - No aggressive stretching



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- Keep incision dry and clean for 2 weeks
- Monitor for signs of infection
- Continually assess for DVT
 - Ted hose for 2 weeks post operative
- **Progressions:**
 - Based upon patients pain and effusion
 - Crutches/walker as needed
 - Activities as tolerated
 - No return to sport until cleared by physician
 - Full extension within 1-2 weeks
 - Flexion per pain/effusion
 - Patella mobilizations
 - Initiate functional exercises as symptoms permit
- ❖ **Note:**
 - If Grade III/IV arthritis with corresponding chondroplasty expect increased pain/swelling and may limit progressions including close monitoring for reactive effusion with initiation of squats, lunges, and steps
 - If lateral release, expect increased pain and effusion and may delay initiation of closed chain exercises including squats, lunges, steps
 - If excessive effusion contact physician
- ❖ Each patient is an individual and should be treated as such. Work together with the referring orthopedic for optimal patient outcome.