

## **Knee Meniscectomy Protocol**

**Post op instructions:** Use 2 crutches for 3-5 days, then wean to 1 crutch as pain and edema decrease. Eliminate crutch only when no gait deviation, edema under control. Do not get stitches wet. Stitches can be removed in 6-7 days. You may use bandaid waterproof shower product or tagaderm for the shower – remove after shower and apply regular bandaids. Ice and elevate your leg at least 3x/day. (More often immediately after surgery). Use compressive stockings as instructed by your physical therapist. Do not be up on your feet too much. Pump your ankles and move your knee regularly. Perform exercises as instructed by your physical therapist.

Progression of protocol is based on patient tolerance, pain, edema and neuromuscular control. Protocol may be slowed down for the older, non-athletic population, or accelerated to meet athletic requirements with MD approval

*This protocol is intended for the internal use of Physical Therapy. It has been developed in collaboration with our referring physicians based on literature review, and surgical techniques employed at the time of development. This protocol is initiated only after the evaluation of the patient ensuring it's appropriateness. It is not intended for use with all patients of similar diagnoses.*

### **Phase 1 – Immediate post-operative phase:**

- Goals: Educate the patient on post op use of crutches, care of stitches, instructions above  
Decrease pain and inflammation  
Stimulate quad function  
Attain ROM

### **Week 1 (1-7 days)**

Post op days 1-2:

- Ankle pumps
- Seated calf stretch with belt, seated hamstring stretch, both with towel roll under ankle to promote full extension
- Patellar mobilization
- Heelslides – with/without towel assist
- Quad sets (may use electrical stim for muscle reeducation if poor quad contraction)
- Straight leg raise flexion – ensure no quad leg (provide assistance/perform electrical stimulation for muscle re-education)
- Seated PROM/AAROM with opposite LE, progressing to AROM as tolerated

Post op days 3-7:

- Add SLR abd/add/ext, straight leg flex with slight external rotation (toe out), prone glut press (hip extension with knee flexion)
- Prone knee flexion (can provide overpressure with opposite leg)
- Standing weight shifts, minisquats
- Closed chain terminal knee extension with band/weight behind knee
- Progress to bike – rock for ROM to tolerance (do not force a full revolution – go to stretch only)

## Week 2

- Balance activities: unilateral stance-eyes open/closed, cones, progress to minitramp as tolerated
- Low load extension: calf prop seated, prone extension stretch over bed if full extension not attained
- Prone belt stretch
- Progress to full revolution on bike
- Progress to standing gastroc/soleus stretch
- Leg Press – bilateral and unilateral
- Calf raises – progress to over step
- Wall squats

*If pain/edema are under control, there is good quad control, and no gait deviation, progress to the following exercises. If these criteria are not met, or if the client is in an older/non-athletic population, wait until week 3.*

- Step up exercise: forward and lateral – start with 2 inch step and progress
- Box drill
- Minisquats on bosu/minitramp

## **Week 3**

- Standing quadricep, ITB stretching
- Progress step up, add step down
- Gait practice on stairs: reciprocal technique
- Minilunge forward, lateral – progressing to full lunge/hex lunge as control improves
- Elliptical machine/stepper/backward on treadmill on incline with resistance
- Seated pogo- progressing to standing
- Multi-angle hip machine – bilaterally – ensure the weight bearing leg does not lock or twist
- Machine hamstring curls, machine knee extension (only if no patellofemoral symptoms – do not perform if any complaints)
- Pool program: progress to lat shuffle, carioca in water

## **Week 4-6:**

- Unilateral minisquats – ensure knee does not lock or twist – progress to 3 cone touch – forward, left, right
- Increase resistance on exercise
- Sport cord balance exercises/lunges resisted by sport cord
- Continue lunge matrix
- Pool program: progress to agilities in water: carioca, figure 8's, lat shuffle, zig zag running

***The above program should be continued until the following criteria are met:***

1. Absent Pain/edema
2. No gait deviation level surfaces/stairs
3. ROM WNL – full knee extension, flexion within 5 degrees of opposite lower extremity, WNL Thomas Test, SLR at least 75-90 degrees, negative Ober test, good calf flexibility, WNL patellar mobility/tracking
4. Manual muscle test 5/5 throughout lower extremity
5. If available and desired by MD: isokinetic testing – quad and hamstring less than a 20-30% deficit compared to opposite leg

## **Week 6-8:**

***\*Recommend shock absorbing insoles for bilateral shoes***

- Initiate progressive walk/jog program – see handout
- Initiate low level plyometric drills – start bilateral and progress to unilateral (if sport/activities require jumping). No box jumps to limit compression and impact