Post-operative Arthroscopic Partial Meniscectomy
Physical Therapy Rehabilitation Protocol

Each phase should include:
- Physical Therapy (PT) intervention as indicated by treating Physical Therapist’s plan of care within guidelines of this study protocol.
- Home Exercise Program (HEP) as indicated
- 12-15 repetitions with 1-2 sets of each exercise
- Perform>=8 exercises within each phase
- Protocol to include land based exercises only

Phase I: Acute Phase (1-10 days post-op)

Goals of Phase I
- Diminish inflammation and swelling
- Restore A/PROM
- Reestablish quadriceps muscle activity

Intervention
- Cryotherapy (examples include Cryocuff™, cold packs, Game Ready™, ice, etc)
- Therapeutic Exercises (Initially exercises are done without weights; when patient is able to perform 2 sets of an exercise, exercises are progressed to repetitions with weights as indicated)
  - Open Chain
    - Quadriceps sets
    - Straight Leg Raise (SLR), progress to PRE
    - Hip adduction and abduction and extension, progress to PRE
    - Knee extension-progress to knee extension 90-40 degrees (PRE)
    - AA/PROM stretching, emphasizing full knee flexion and extension to tolerance
    - Stretching (hamstrings, gastrocsoleus, ITB and quadriceps)
  - Closed Chain
    - Terminal knee extension using elastic band as resistance
    - Standing hamstring curls, progress to PRE
    - Toe raises
    - Modified squats (wall squats, ½ squats)
    - Stationary bicycle-no resistance
  - Proprioceptive drills
- Gait Training: weight bearing as tolerated initially with crutches progression to no device, full weight bearing
- Electrical Stimulation/Biofeedback
  - Muscle re-education to quadriceps during quadriceps exercises if unable to perform quad set
Criteria for Progression to Phase II
Patient must meet 3 of the 4 criteria.
• 0° extension to ≥115° A/PROM (goniometer)
• Moderate to minimal effusion
• Mild to moderate knee pain(≤4/10 pain on VAS)
• Muscle Strength ≥3/5 MMT quads and hams

Phase II: Subacute Phase (10 days-4 weeks post-op)

Goals of Phase II
• Restore and improve muscular strength and endurance.
• Reestablish full pain free AROM.
• Gradual return to functional activities.
• Minimize gait deviations

Intervention
• Cryotherapy (examples include Cryocuff™, cold packs, Game Ready™, ice, etc)

• Therapeutic Exercises
  o Open Chain Exercises
    ▪ Stretching (hamstrings, gastrocsoleus, ITB and quadriceps)
    ▪ Passive/Active-assisted/Active ROM knee flexion (if necessary)
    ▪ SLR (PRE)
    ▪ Knee extension 90-40 degrees (PRE)
    ▪ Hamstring curls (PRE)
    ▪ Hip abduction and adduction and extension (PRE)
  o Closed Chain Exercises
    ▪ Bicycle, treadmill or elliptical for motion, strength and endurance
    ▪ Terminal knee extension using elastic band as resistance
    ▪ Modified squats (wall squats, ½ squats, unsupported squats)
    ▪ Step-ups/downs progression (forward/lateral with increasing height)
    ▪ Leg press, Total Gym™, etc
    ▪ Toe raises
  o Proprioceptive and agility training

Criteria for Progression to Phase III
Patient must meet 4 of the 5 criteria.
• 0° extension to ≥125° A/PROM
• Normal Joint Play
• Minimal effusion
• ≤2/10 pain on VAS
• Muscle Strength 5/5 MMT quads and hams
Phase III: Advanced Activity Phase (4-7 weeks post-op)

Goals for Phase III
- Enhance muscular strength and endurance.
- Maintain full ROM.
- Return to sport/functional activities

Intervention
- Therapeutic Exercises
  - Emphasis on closed-kinetic chain exercises (leg press, Total Gym™, modified squats, step-ups/downs)
  - Closed Chain terminal knee extension using elastic band as resistance
  - Continue PRE exercise program
  - Stretches (hamstrings, gastrocsoleus, ITB and quadriceps).
  - Stationary bicycle with resistance, treadmill, elliptical
  - Proprioceptive and agility training (dynamic single leg stance, plyometrics, running, carioca, figure 8s)