

Kai Mithoefer, MD
New England Center for Regenerative Orthopedics and Sports Medicine
Boston Sports and Shoulder Center
840 Winter Street, Waltham, MA 02451, (781) 890-2133
125 Parker Hill Avenue, Boston, MA 02120, (617) 264-1100

Postoperative Rehabilitation Guidelines

Meniscectomy and Chondroplasty

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 an arthroscopic meniscectomy. And chondroplasty. It is not 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.

Progression to the next phase based on clinical criteria and/or time frames as appropriate.

Phase 1- Recovery Phase Protection - Weeks 1-2:

Goals:

- Diminish inflammation and swelling
- Restore ROM
- Reestablish quadriceps muscle activity

Immediate Postoperative Day 1 – Week 4

- Ice, compression, elevation
- Electrical muscle stimulation
- Aggressive efforts to reduce effusion
- Patellar mobilization
- Scar tissue mobilization
- PROM/AROM as tolerated ROM
- Strengthening Exercises
 - Quadriceps isometrics initially then advance as tolerated
 - Hamstring isometrics initially then advance as tolerated

- Hip abduction and adduction
- Weight-bearing as tolerated
- Proprioception training as tolerated

Phase 2- Activation Phase - Weeks 5-8

- Progressive resistance exercises (PREs)
- Limited range knee extension (in range less likely to impinge or pull on repair)
- Toe raises
- Mini squats less (than 90 degrees flexion)
- Cycling (gentle progressive resistance)
- Unloaded flexibility exercises

Phase 3- Progression Phase- Weeks 9-12

Exercises:

- Lateral step-ups
- Mini squats

Endurance Program:

- Swimming (no frog kick), pool running-if available
- Cycling
- Elliptical

Coordination Program:

- Balance board
- Pool sprinting-if pool available
- Backward walking
- Plyometrics

Phase 4- Return to Activity Phase - Weeks 12-16

Criteria for progression to Phase 3

- Full, pain free ROM
- No pain or tenderness
- Satisfactory clinical examination

Goals:

- Increase power and endurance
- Emphasize return to skill activities
- Prepare for return to full unrestricted activities

Exercises:

- Continue all exercises
- Increase plyometrics, pool program
- Initiate running program

Return to Activity: Criteria

- Full, pain free ROM
- Satisfactory clinical examination

Criteria for discharge from skilled therapy:

- Non-antalgic gait
- Pain free/full ROM
- LE strength at least 4+/5
- Independent with home program
- Normal age appropriate balance and proprioception
- Resolved palpable edema