**Meniscectomy +/- Chondroplasty Rehabilitation Protocol**

**Phase I – Maximum Protection (Week 0 to 1):**

**0 to 1 week:**

* Ice and modalities as needed to reduce pain and inflammation
* Use crutches for 2 to 5 days to help reduce swelling, the patient may discontinue crutches when able to walk without a limp or pain
* Elevate the knee above the heart for the first three to five days
* Initiate patella mobility drills
* Begin full active/passive knee range of motion exercises
* Quadriceps setting focusing on VMO function
* Blood Flow Restriction therapy for muscle mass and quad activation
* Multi-plane open kinetic chain straight leg raising
* Gait training
* Begin stationary bike as swelling and pain allow

**Phase II – Progressive Stretching and Early Strengthening Phase (Weeks 1 to 4):**

**Weeks 1 to 4:**

* Maintain program from week 0 to 1
* Continue modalities as needed
* Initiate lower extremity stretching
* Begin treadmill and/or elliptical trainer as strength and swelling allow, avoid impact activities
* Begin bilateral closed kinetic chain strengthening progressing to unilateral as tolerated
* Promote normal patellofemoral arthrokinematics
* Implement reintegration exercises emphasizing core stability exercises
* Begin closed kinetic chain multi-plane hip exercises
* Manual lower extremity PNF patterns
* Proprioception drills emphasizing neuromuscular control

**Phase III – Advanced Strengthening and Proprioception Phase (Weeks 4 to 6):**

**Weeks 4 to 6:**

* Modalities as needed
* Continue with phase II exercises as indicated
* Advance time and intensity on cardiovascular program-no running
* Begin functional cord resistance program
* Initiate gym strengthening program 3 times per week, including leg press, squats, lunges, knee extensions (30° to 0° progressing to full range as PF arthtokinematics normalize), hamstring curls, ab/adduction, and calf raises
* Begin pool running program
* Continue use of ice and compression as needed
* Continue ROM and stretching to maintain 0-135 degrees
* Progress strengthening exercises

o Leg press 70-0 degrees
o Knee extension 90-40 degrees o Hip Abd/Adduction
o Wall squats 0-70 degrees
o Vertical squats 0-60 degrees
o Lateral step-ups
o Front and lateral lunges
o Hamstring curls

* Balance/proprioception training

o Biodex stability

o Squats rocker board
o Cup walking (step overs)
o Standing on foam single leg

* Bicycle (if ROM permits)

**Phase IV – Advanced Strengthening Phase (Weeks 6 to 7):**

**Weeks 6 to 7:**

* Implement a full gym-strengthening program
* Begin running program
* May begin stair stepper

**Criteria to Progress to Phase IV**

• Full non-painful ROM
• No pain or tenderness
• Satisfactory clinical exam

• Satisfactory isokinetic test

**Phase V – Return to Sports Phase (Week 8):**

**Week 8:**

* Follow-up examination with the physician
* Continue with aggressive lower extremity strengthening, stretching, and cardiovascular training
* Implement sport specific multi-directional drills
* Initiate plyometric exercises beginning with bilateral progressing to unilateral
* **Exercise Progression**

• Continue and progress all strengthening exercises and stretching drills

• Deep squatting permitted at 3 months
• Initiate straight line running: 2 months
• Initiate pivoting and cutting: 3 months

• Initiate agility training: 3 months
• Gradual return to sports: 3 months

* Sports test for return to play

**RETURN TO ACTIVITIES**

Running: 2 months when functional criteria are met

Golf: Short irons at 2 months, full swing with long irons at 3 months.

Delay 4-6 weeks if lead leg.

Pivoting/cutting sport: When functional criteria are met and cleared by surgeon, typically

3+ months at earliest

Break up the weight room and functional work in two separate times during the day. Many working adults don’t have that luxury so it is important to structure a program that can be complete in about 90 minutes to ensure quality work.