

## Sports Rehabilitation & Performance Center Meniscectomy Guidelines© \*

The following meniscectomy guidelines were developed by the Sports Rehabilitation and Performance Center staff at Hospital for Special Surgery. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. Concomitant injuries such as degenerative joint disease may alter the guideline.

### Follow physician's modifications as prescribed

#### POST – OPERATIVE PHASE I (WEEKS 0-2)

##### GOALS:

- Full passive extension
- Control post-operative pain / swelling
- Progressive ROM, advance as tolerated
- Normalized gait
- Prevent quadriceps inhibition
- Independence in home therapeutic exercise program

##### Emphasize

- Normal gait pattern
- Patient compliance with HEP

##### PRECAUTIONS:

- Avoid prolonged standing/walking
- Premature discharge of assistive device
- Non-reciprocal stair ambulation
- Avoid unilateral stance activities

##### TREATMENT RECOMMENDATIONS:

- Quadriceps re-education, patella mobilization, A/AAROM for knee flexion, knee extension, hip progressive resisted exercises, proprioception training, cryotherapy with knee extension, modalities for muscle re-education, pain and edema, prn
- Emphasize patient compliance to HEP and weight bearing precautions/progression
- Other: \_\_\_\_\_

##### MINIMUM CRITERIA FOR ADVANCEMENT TO NEXT PHASE:

- 0° knee extension, minimum of 125° knee flexion
- Demonstrate ability to unilateral (involved extremity) weight bear without pain



## Sports Rehabilitation & Performance Center Meniscectomy Guidelines© \*

### POST – OPERATIVE PHASE II (WEEKS 2-6)

#### GOALS:

- Full ROM
- Minimal swelling
- Able to reciprocate stairs
- Ascend and descend 8” stairs with good control, without pain

#### Emphasize

- Eccentric quadriceps control
- Functional progression

#### PRECAUTIONS:

- Avoid pain with therapeutic exercise & functional activities

#### TREATMENT RECOMMENDATIONS:

- Continue phase I exercises as appropriate
- Advance exercises as tolerated: flexibility, leg press, OKC KE in a pain-free, crepitus-free arc, proprioceptive training, step up/ step down program, elliptical trainer
- Progress/advance patients home exercise program (evaluation based)

#### MINIMUM CRITERIA FOR ADVANCEMENT:

- ROM WNLs
- Demonstrate ability to descend 8” step
- Good patella mobility
- Functional progression pending functional assessment

### POST – OPERATIVE PHASE III (WEEKS 6-8)

#### GOALS:

- Return to full activity level
- Demonstrate ability to run pain free
- Maximize strength and flexibility as to meet demands of ADLs
- Isokinetic Testing and/ or Hop Test  $\geq$  85% limb symmetry

#### Emphasize

- Return to function/ sport

#### PRECAUTIONS:

- Avoid pain with therapeutic exercise & functional activities
- Running and sport activity when adequate strength and MD gives clearance
- Patellofemoral pain

#### TREATMENT RECOMMENDATIONS:

- Initiate running when able to descend an 8” step without pain/ deviation, plyometrics, agility – sport specific training, advanced proprioceptive training, advanced LE strengthening

#### CRITERIA FOR DISCHARGE:

- Hop Test  $\geq$  85% limb symmetry
- Lack of apprehension with sport specific movements
- Flexibility to accepted levels of sport performance
- Independence with gym program for maintenance and progression of therapeutic exercise program at discharge
- Protect patello-femoral joint from excessive load

