

Alta View Sports Medicine



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Partial Medial/Lateral Meniscectomy Physical Therapy Protocol

General Guidelines: The included protocol is intended to be a guideline for the therapist in assisting the patient having undergone a partial medial/lateral meniscectomy. The overall speed of progression is determined by the therapist upon achieving the designated goals and determined length of therapy is 2-3 times weekly for 4-6 weeks with emphasis on a home exercise program. Modalities may be used as needed.

Rehabilitation Protocol

Phase 1: 0-2 weeks postop

Goals: Control pain, diminish swelling, begin regaining knee range of motion with focus on full extension, patella mobility, restore normal gait

Weight bearing: as tolerated with crutches for assistance, wean off by 2 weeks.

Wound care: suture removal at 10-14 days. Keep incisions covered with large band-aids or ace wrap.

Exercises:

- Quad Isometric Contractions
- Patella mobilization
- Ankle pumps
- Straight leg raises to 45°
- Hip adduction, abduction, extension
- Knee Extension: Heel prop, Prone leg hang
- Knee Flexion: assisted by contralateral leg, heel slides
- Proprioception: Single leg balance
- Stationary cycling without resistance

Phase 2: 2-6 weeks postop

Goals: Control pain, achieve full pain-free range of motion, develop muscular control, achieve normal gait, return to functional activity

Weight bearing: as tolerated

Exercises:

- Continue Phase 1
- Heel/toe raises
- Mini squats to 45°
- Wall slides
- Prone/standing hamstring curls
- Front/side lunges
- Front/lateral step-ups
- Simple leg press (avoid knee flexion > 90°)
- Proprioception: single leg balance, balance board, BOSU trainer
- Stationary cycling—increase resistance as tolerated
- Aquatic exercise: pool walking, straight-leg flutter kicks, water bicycle
- Cardiovascular: elliptical, stationary bike, treadmill walking (no jogging/running)

Phase 3: 6+ weeks postop

Goals: Maintain full range of motion, enhance leg muscular strength and endurance, improve proprioception and neuromuscular control, return to full activity/sport

Exercises:

- Continue Phase 2/lower extremity strengthening
- Continue cardiovascular training
- Introduce stair climber
- Initiate running progression: walk→light jogging→jogging →running on soft track/treadmill→running on level surface
- Improve proprioception/neuromuscular control
- Aquatic exercises

- Plyometric drills, two-leg and single-leg jumping
- Agility drills: backward/lateral running, figure of eight drills, acceleration/deceleration, stair running, crossovers, side steps

Return to Sport Participation

- Full pain-free range of motion equal to contralateral side
- Quad/hamstring strength > 80% contralateral leg,
- Satisfactory single-leg hop test
- Satisfactory clinical exam

