

Alta View Sports Medicine

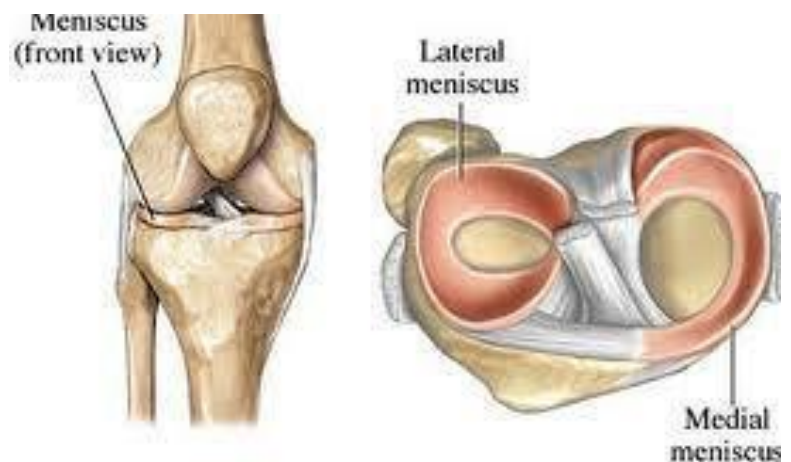


Dr. James R. Meadows, MD
Orthopedic Surgery & Sports Medicine
74 Kimballs Ln Ste 230, Draper, UT 84020
9844 S. 1300 E. Ste 100, Sandy, UT 84094
(801) 571-9433
www.MeadowsMD.com

Partial Medial/Lateral Meniscectomy

What to Expect

Partial meniscectomy is a minimally invasive outpatient procedure in which an arthroscope and fine arthroscopic instruments are used to resect portions of a symptomatic, torn meniscus. There are multiple types of tear patterns, but regardless, only the unstable torn sections are removed. This creates a stable rim of meniscus in order to prevent further tearing. A full evaluation of the entire knee, including the articular cartilage and ligaments, is performed. There is variability in the recovery time from the procedure from a few weeks to a few months and associated conditions, such as cartilage wear, may determine the overall recovery. Your rehabilitation starts immediately after surgery in order to ensure the best possible return to full activity.



Phase 1 (0 – 2 weeks postop)

Goals: Control pain, diminish swelling, begin regaining knee motion, restore normal gait pattern

- Pain: You will be prescribed pain medication to use after surgery. Use as directed and wean use to as needed. You may begin taking an anti-inflammatory medication (i.e. ibuprofen, naproxen) unless medically contraindicated. Do not drive or use alcohol while taking narcotic pain medication.
- Weight bearing: You may put full weight on your leg as tolerated.
 - Use crutches for 2-3 days or as needed until you are comfortable bearing weight. Transition to one crutch used in the arm on the opposite side of surgery until able to walk with a normal heel-toe gait with minimal discomfort.
- Ice: Place a bag of ice or cryocuff on the knee for 30 minutes a few times each day and after therapy or home exercises.
- Dressing: Remove the ace wrap and discard all white dressings about your knee about 48 hours after surgery
 - You may shower, but keep your knee dry until sutures are removed
 - Do not submerge knee until suture removal (no baths, pools, hot tubs)
 - Keep incisions covered with band-aids or wrap knee with ace wrap to protect incision during the day
- Schedule your postoperative visit for 10-14 days after surgery. At this visit:
 - Suture removal
 - Review of your surgery (bring your surgical photos) and rehab plan
 - Prescription for physical therapy if necessary or desired

Exercises

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| • Heel Slides | • Quad Sets |
| • Knee Flexion: Assisted knee flexion using nonoperative leg to push back operative leg | • Straight Leg Raises |
| • Knee Extension: Heel Prop, Prone Leg Hang | • Ankle Pumps |
| | • Cycling without resistance (15 min 2 times daily as tolerated) |

Phase 2 (2 - 6 weeks postop)

Goals: Reestablish Full Pain Free Range of Motion, Quad/Hamstring Strengthening, Gradual Return to Functional Activity

- Progress activity and exercises as tolerated by your pain level

Exercises

- Continue exercises from Phase 1
- Cycling: progressive resistance and duration for endurance
- Resisted knee flexion and extension
 - Mini squats (avoid knee flexion $> 90^\circ$)
 - Leg press (avoid knee flexion $> 90^\circ$)
 - Hamstring curls
 - Stair-climber
- Front and Lateral Lunges
- Balance/Proprioception Training
 - Single leg stork balance/calf raises
 - Wobble board/BOSU balance trainer
- Cardiovascular conditioning: elliptical, bike, swimming, treadmill as tolerated

Phase 3 (6+ weeks postop)

Goals: Maintain full range of motion, enhance leg muscular strength and endurance, Return to full activity/sport

Exercises

- Continue exercises from Phase 1 & 2
- Plyometric exercises/jumping
- May begin running (walk \rightarrow jog \rightarrow run progression)
- Agility drills: backward/lateral running, figure of eight drills, stair running
- Sports specific drills