



7858 Shrader Road

Richmond, Virginia 23294

Rehabilitation Guidelines for Partial Meniscectomy

The following guidelines are based on criteria based and patient specific progression for recovery after partial meniscectomy. The overall progression is designed to restore knee range-of-motion and quadriceps function early. Subsequently, functional strengthening is incorporated as the patient proceeds to discharge from the program. Please do not hesitate to contact the prescribing physician if questions or concerns.



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Day of Surgery Guidelines

PRECAUTIONS

- Avoid painful activities: prolonged sitting, standing, walking, and exercises that cause increased pain
- Do not put a pillow under the operated knee- keep extended while resting and sleeping
- Avoid premature discharge of assistive device- should be continued until gait is normalized

TREATMENT  
RECOMMENDATIONS

- Transfer training
- Gait training with assistive device on level surfaces and stairs
- Patient education on edema control and activity modification
- Initiate and emphasize importance of HEP
- Quadriceps sets, gluteal sets, ankle pumps,
  - Seated knee A/AAROM
  - Straight leg raise if able



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	<ul style="list-style-type: none"><li>○ Passive knee extension with towel roll under heel</li></ul>
EMPHASIZE	<ul style="list-style-type: none"><li>▪ Control swelling</li><li>▪ Independent transfers</li><li>▪ Gait training with appropriate assistive device</li><li>▪ A/AAROM (emphasize extension)</li><li>▪ Emphasize quadriceps re-education (quadriceps sets)</li></ul>
MINIMUM CRITERIA FOR ADVANCEMENT TO NEXT PHASE	<ul style="list-style-type: none"><li>▪ Independent ambulation with appropriate assistive device on level surfaces and stairs</li><li>▪ Independent with transfers</li><li>▪ Independent with HEP</li></ul>

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### POST-OPERATIVE PHASE I: Weeks 0-3

#### PRECAUTIONS

- Do not put a pillow under the operated knee- keep extended when resting and sleeping
- Avoid pain with exercises, standing, walking and other activities
- Monitor tolerance to load, frequency, intensity and duration
- Avoid premature discharge of assistive device- should be used until gait is normalized
- Avoid forceful PROM

#### TREATMENT RECOMMENDATIONS

- Bike and Gait training
- Modalities for pain and edema as needed
- Emphasize patient compliance with HEP and weight bearing precautions/progression
- Knee A/AAROM
- Patella mobilization
- LE flexibility exercises



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#### TREATMENT RECOMMENDATIONS (CONT.)

- Muscle reeducation using modalities as needed
- Hip progressive resisted exercises
- Closed chain strengthening exercises e.g. leg press, squat, forward step up progression
- Proprioception training
- Consider blood flow restriction program with FDA approved device if cleared by surgeon and qualified therapist available

#### EMPHASIZE

- Normal gait pattern
- Patient compliance with HEP and activity modification
- Control of pain and swelling
- Total lower body functional strengthening

#### MINIMUM CRITERIA FOR ADVANCEMENT TO NEXT PHASE

- Swelling and pain controlled
- Full passive knee extension
- Passive knee flexion  $\geq 120^\circ$
- Unilateral weight bearing on involved LE without pain
- Normal gait pattern without assistive device on level surfaces



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- Independent with HEP
- Perform a pain free body weight squat without compensation (assisted as needed, i.e. counter, ball, TRX)
- Ascend  $\geq 6$ " step

## POST-OPERATIVE PHASE II: Weeks 4-8

### PRECAUTIONS

- Avoid pain with therapeutic exercise and functional activities

### TREATMENT

### RECOMMENDATIONS

- LE flexibility exercises
- Patella mobilization
- Progressive LE open kinetic chain exercises
- Functional progression of LE closed kinetic chain exercises, e.g. double leg squat to single leg squat and initiate forward step-down progression
- Progress proprioceptive balance training



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	<ul style="list-style-type: none"><li>▪ Cardiovascular endurance training e.g. bike, swimming, elliptical when able to perform 6" forward step up</li><li>▪ Initiate impact activities with progressive loading e.g. anti-gravity or underwater treadmill, bilateral to unilateral</li><li>▪ Progress HEP</li></ul>
EMPHASIZE	<ul style="list-style-type: none"><li>▪ Eccentric quadriceps control</li><li>▪ Functional progression</li><li>▪ Normalize flexibility to meet demands of ADL's</li><li>▪ Establish advanced HEP/ gym home program</li></ul>
MINIMUM CRITERIA FOR ADVANCEMENT TO NEXT PHASE	<ul style="list-style-type: none"><li>▪ Full knee PROM</li><li>▪ Minimal swelling</li><li>▪ Ability to ascend and descend 8" stairs pain-free with good control and alignment</li><li>▪ Independent with full HEP</li><li>▪ Discharge OR move on to phase III if the goal is to return to sport</li></ul>

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POST-OPERATIVE PHASE III: Return to Sport (if desired\*)

PRECAUTIONS

- Avoid pain with therapeutic exercise and functional activities
- Avoid too much too soon- monitor exercise and activity dosing
- Don't ignore functional progressions
- Be certain to incorporate rest and recovery
- Protect tibiofemoral and patellofemoral joint from excessive load

TREATMENT  
RECOMMENDATIONS

- Initiate return to running program when able to descend 8" step without pain or deviation
- Advance proprioceptive balance training
- Advance LE strengthening
- Plyometrics progression
- Sport-specific agility training
- Increase endurance and activity tolerance
- Sport-specific multidirectional core retraining



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	<ul style="list-style-type: none"><li>▪ Progress total body multidirectional motor control exercises to meet sport-specific demands</li><li>▪ Collaboration with trainer, coach or performance specialist</li><li>▪ Patient education regarding self-monitoring of exercise volume and load progression</li></ul>
EMPHASIZE	<ul style="list-style-type: none"><li>▪ Self-monitoring of exercise volume</li><li>▪ Self-monitoring of load progression</li><li>▪ Speed and power</li><li>▪ Agility, change of direction and deceleration</li><li>▪ Collaboration with appropriate Sports Performance expert</li></ul>
MINIMUM CRITERIA FOR ADVANCEMENT TO NEXT PHASE	<ul style="list-style-type: none"><li>▪ Lack of pain, swelling and apprehension with sports-specific movements</li><li>▪ Quantitative assessments <math>\geq</math> 90% of contralateral LE</li><li>▪ Movement patterns, functional strength, flexibility, motion, endurance, power,</li></ul>



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deceleration, and accuracy to meet  
demands of sport

- Independent with gym or return to sport program
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