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GUIDELINES FOR REHABILITATION FOLLOWING ARTHROSCOPIC MENISECTOMY, LOOSE BODY REMOVED OR DEBRIDEMENT

***Please take this information to your physiotherapy appointments.**

Rehabilitation Progression

Progression through each phase is based on patient status (e.g. healing, constraints, function), clinical exam findings, and physician advisement. Please consult the attending physician if there is uncertainty regarding the progression to the next phase of rehabilitation.

Phase I

Begin immediately following surgery until specified criteria are met to advance to Phase II.

Goals:

- Protect healing soft tissue structures
- Improve knee flexion and extension range of motion
- Increase lower extremity strength, including quadriceps muscle re-education
- Educated patient regarding limitations and the rehabilitation process

Weight-Bearing Status

- Weight –bearing as tolerated. Two crutches progresses to discontinue crutches as swelling and quad status dictates.

Therapeutic Exercises

- Quad sets and isometric adduction with biofeedback for VMO (if necessary)
- Heel slides (AAROM)
- Ankle pumps
- Non-weight-bearing gastroc/soles, hamstring stretches
- SLR in flexion, abduction, adduction and extension
- Functional electrical stimulation may be used for trace to poor quad contraction
- Hamstring and calf stretching
- May begin aquatic therapy at 2 weeks once incisions heal well with emphasis on normalization of gait
- Stationary bike when patient has sufficient knee flexion. Can start partial revolution to recover motion if patient does not have sufficient knee flexion.

Phase II

Begin phase II once the following criteria are met:

- No quad lag during SLR
- Approximately 90° of active knee flexion
- Full active knee extension

- No signs of active inflammation

Goals

- Increase range of flexion
- Increase lower extremity strength and flexibility
- Restore normal gait
- Improve balance and proprioception

Weight-bearing Status – May begin ambulation without crutches if the following criteria are met:

- No extension lag with SLR
- Full active knee extension
- Knee flexion of 90-100°
- Non-antalgic gait pattern (may ambulate with one crutch or a cane to normalized gait before ambulating without assistive device)

Therapeutic Exercises

- Wall slides from 0-45° of knee flexion, progressing to mini-squats
- 4-way hip for flexion, extension, abduction and adduction
- Closed kinetic chain terminal knee extension with resistive tubing or weight machine
- Calf rises
- Balance and proprioceptive activities(including single leg stance, KAT and BAPS)
- Treadmill walking with emphasis on normalization of gait pattern
- ITB and hip flexor stretching, as necessary

Phase III

Begin phase III (approximately) once the following criteria have been met:

- Normal gait
- Full flexion of involved knee or within 10° difference form uninvolved knee
- Good quadriceps strength
- Good dynamic control with no patellofemoral complaints
- Clearance by physician to begin more concentrated closed kinetic chain progression

Goals

- Restore any residual loss of range of motion
- Continue improving quadriceps strength
- Improve functional strength and proprioception

Therapeutic Exercises

Functional progression which may include but is not limited to:

- Slide board
- Walk/jog progression
- Vertical jump
- Forward and backward running, cutting, figure 8 and carioca
- Plyometrics
- Sport-specific drills

Work hardening program as prescribed by physician