Partial Medial/Lateral Meniscectomy Physical Therapy Protocol

Patient Name:_________________________________________ Date:_______________

Surgery: Right/Left Partial Medial/Lateral Meniscectomy

Date of Surgery:______________________

Frequency:  1  2  3  4  5  6  times/week Duration: 1  2  3  4  5  6 Weeks

❖ **Weeks 0-2**  ____ Weight bearing as tolerated without assist by 48 hours post-op

  ___ ROM – progress through passive, active and resisted ROM as tolerated
  ____ Goal – Full extension by 1 week, 130 degrees of flexion by 3 weeks
  ___ Daily Patellar Mobilization
  ___ Strengthening – quad sets, SLRs, heel slides, etc.
      No restrictions to ankle/hip strengthening
  ___ Ice Massage / Anti-Inflammatory Modalities
  ___ Quadriceps and Hamstring stretching
  ___ Iliotibial Band Stretching / Strengthening
  ___ Adductor/Abductor Stretching / Strengthening
  ___ Achilles Tendon Stretching
  ___ Electrical Stimulation for Quadriceps

**Weeks 2-6**

  ___ ROM – Continue with daily ROM exercises
  ___ Restore normal gait, discontinue crutches when gait is not antalgic
  ___ Strengthening – Increase closed chain activities to full motion arc. Add pulley weights, theraband, etc. Monitor for anterior knee pain
  ___ Active ROM as tolerated
  ___ Progress strengthening activities – wall sits, lunges, balance ball, leg curls, leg press, plyometrics, squats, core strengthening
  ___ Continue stationary bike/biking outdoors for ROM, strengthening, cardio
  ___ Modalities prn
  ___ Continue objectives from weeks 0-2 as well

  ____ Functional Capacity Evaluation  ____ Work Hardening/Work Conditioning  ____ Teach HEP

**Modalities**

  ____ Electric Stimulation  ____ Ultrasound  ____ Iontophoresis  ____ Phonophoresis  ____ TENS  ____ Heat before
  ____ Ice after  ____ Trigger points massage  ____ Therapist’s discretion

Signature__________________________________________ Date__________________