

### Meniscectomy

Individual patient circumstances may affect the guideline  
(tear configuration, fixation used, associated procedures, etc.)

Phase	Goals	Precautions/Restrictions	Treatment
<b>Phase I</b>	<ul style="list-style-type: none"> <li>• Protect surgical site</li> <li>• Reduce muscle atrophy</li> <li>• Reduce swelling</li> <li>• Decrease pain and inflammation</li> <li>• SLR without extensor lag</li> <li>• ROM: 0-90°</li> <li>• <u>Criteria to progress to phase II:</u> <ul style="list-style-type: none"> <li>○ Full ROM</li> <li>○ &gt; 80% strength compared to uninvolved side</li> <li>○ No effusion</li> <li>○ No pain with strengthening</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• ROM: AAROM to AROM as tolerated</li> <li>• WBAT (crutches as needed)</li> <li>• Brace: none</li> <li>• No jogging or sport activity</li> <li>• Avoid painful activities/exercises</li> </ul>	<ul style="list-style-type: none"> <li>• PRICE <ul style="list-style-type: none"> <li>○ Cryotherapy: 5-7 times per day</li> <li>○ Compression with TubiGrip/TEDS</li> </ul> </li> <li>• ROM: as tolerated</li> <li>• Gait training to independent</li> <li>• Core stabilization exercises</li> <li>• Neuromuscular re-education</li> <li>• Global LE strengthening <ul style="list-style-type: none"> <li>○ Begin functional strengthening exercises (bridge, squat, step up, etc.)</li> </ul> </li> <li>• Double limb -&gt; single limb balance/proprioception</li> <li>• Aerobic training: walking program, stationary bike, elliptical, stairmaster</li> </ul>
<b>Phase II</b>	<ul style="list-style-type: none"> <li>• No effusion</li> <li>• Maintain full ROM</li> <li>• Increase functional LE strength</li> <li>• Replicate sport or work specific energy demands</li> <li>• Return to sport/activity</li> <li>• <u>Pass return to sport criteria for sport clearance</u></li> </ul>	<ul style="list-style-type: none"> <li>• Avoid painful activities/exercises</li> <li>• Avoid post-activity swelling</li> <li>• Post-activity soreness should resolve within 24 hours</li> <li>• Respect lifting loads focusing on form, control, and tissue tolerance</li> <li>• No jogging or plyometrics on painful or swollen knee</li> <li>• Return to sport with surgeon approval</li> </ul>	<ul style="list-style-type: none"> <li>• Increase loading capacity for lower extremity strengthening exercises <ul style="list-style-type: none"> <li>○ Double limb -&gt; Single limb</li> </ul> </li> <li>• Progress as tolerated: ROM, Strength, Endurance, Proprioception/Balance, agility, Sport specific skills</li> <li>• Gradually increase lifting loads focusing on form, control, and tissue tolerance</li> <li>• Continue running program/movement progression</li> <li>• ARC Program</li> </ul>

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.