



Meniscectomy Rehabilitation Protocol

A general timeline is outlined below, but advancement through rehab will be based on the patient's individual progress. Given there are no restrictions on weight bearing or ROM, the patient can advance as tolerated at the discretion of rehab professional. Once full ROM and strength are obtained with improvement in pre-surgical pain and symptoms, the patient is permitted to return to work, sport, and/or activities as desired regardless of time from surgery.

- **Weeks: 0-6**
 - Goals: prevent stiffness, decrease swelling/inflammation, begin strengthening
 - Weight bearing as tolerated, range of motion as tolerated
 - Crutches are not required and can be discontinued once a normal gait can be performed
 - Encourage early passive and active ROM, particularly in full extension
 - Begin quadriceps strengthening/control
 - Okay to begin use of bicycle immediately for ROM, strength, and cardio
 - Patellar mobilizations to prevent scar tissue formation/adhesions
 - Modalities as needed for muscle stimulation, pain control, swelling control
 - Manual lower extremity PNF
 - Emphasize importance of home exercise program
- **Weeks 6-12**
 - Goals: increase ROM and strength, return to work, sport, and/or pre-injury functional level with minimal to no restrictions
 - Continue to advance ROM and strengthening
 - Okay to being return to running program when desired when strength and ROM are appropriate to do so
 - Modalities as needed for muscle stimulation, pain control, swelling control
 - Continue manual lower extremity PNF
 - Okay for hydro/aquatic therapy if available
 - Work on improving functional/ADL tasks as needed
 - Functional/work-specific/sport strengthening and training, if applicable
 - Customized HEP to continue once PT/OT is completed

