

Arthroscopic Meniscectomy with Lateral Release Post-op Protocol

This protocol is intended to be a general outline only. The physician reserves the right to either advance or delay this protocol as deemed necessary. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form given to the patient on the day of surgery.

Guidelines for Physical Therapy

- Patients should attend one pre-op PT visit to receive gait training, issue crutches, review post-op exercises, and discuss post-op expectations.
- Patient should be instructed in edema control and post-op exercises (quad set, SLR, ankle pumps, etc.). AAROM knee flex to 90 degrees should begin at home the day after sx.
- Standard post-op therapy protocol: First visit Day One post-op. Patient is seen 2x/week for 4 weeks post-operatively to focus on patellar mobility and soft tissue mobilization at lateral retinaculum to prevent scarring.

Guidelines for Ambulation

- Bilateral axillary crutches to be used immediately post-op (bring to OR).
- WBAT unless otherwise notified. Discharge crutches in 1-2 days, or when patient demonstrates good SLR and quad control.

Weeks 1-2

Goal: Full knee PROM in 4 weeks.

- Begin bike for ROM at first visit post-op if tolerated (no resistance).
- Emphasize immediate full knee extension in supine and normal gait pattern.
- Perform PROM knee flexion in prone or supine.
- Perform open-chain quad and hip exercises.
- Perform standing exercises: mini squats, toe raises, single leg stance, etc.
- Progress to unstable surfaces (balance board, foam, etc.) as tolerated.

Week 3-4

Goal: Full functional strength of LE.

- Progress to advanced strengthening, such as single leg squat, advanced training on Proprio 5000, lunges (avoiding anterior translation of knee), etc.
- Introduce rotational component to squat and balance activities.
- Advance to light plyometric activity, challenging patient's ability to jog, hop, pivot on operative leg, etc.
- Discharge when patient has achieved adequate ROM and strength for full return to activity.