

**Discharge Instructions**

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**Knee Menisectomy 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 Pre-Op Physical Therapy**

* Patients may be required to 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.) and the importance of achieving full knee ext post-op.

**Guidelines for Post-Op Physical Therapy**

* Therapy beings on **Day One** post op in the outpatient clinic.
* Patient is typically seen 1x/week for 4 to 6 weeks post-operatively (or more, depending on patient status and ADL demands).
* Note: If a **lateral release** was performed, patient should attend PT 2x/week and treatment should focus on manual therapy: patellar mobilization (especially medial glide/tilt) and distal iliotibial soft tissue mobilization.

**Guidelines for Ambulation**

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

**Guidelines for Wound Care**

* Surgical wounds should be covered with steri-strips, then with gauze and occlusive dressing. Change as needed and do not allow to become wet.
* Wrap knee in plastic wrap for showering until 3-5 days after stitches are removed (make sure wounds are fully healed).

**Day One**

* Review post-op exercises and edema control (ice/elevation): quad set, SLR, full knee ext (heel prop if necessary)
* Sidelying hip abduction
* PROM knee flex (goal = 90 degrees) and instruction in self-AAROM (any position)
* Gait training emphasizing natural heel-toe pattern and weaning off crutches as able.
* Small-range mini squats (no anterior translation)
* Heel raises, single leg stance, cone tapping, etc.
* Stationery bike with no resistance for ROM

**Week 2 - Discharge (Week 4-6)**

**Precaution: Squats and lunge instruction should emphasize no forward translation of the knee to avoid patellofemoral stress.**

**Goal:** Full functional strength, coordination, and unrestricted ROM of knee.

* Balance drills, progress to unstable surfaces (tilt board, foam, etc.) as tolerated
* Agility ladder drills (no plyo, progress to plyo)
* Progress to advanced strengthening, such as single leg squats, RDL’s, lunges (avoiding anterior translation of knee), etc.
* At Week 3 or 4, advance to progressive plyometric activity.
	+ Lateral shuffles
	+ Begin two foot jumping (in place, then add distance, height and rotational components)
	+ Progress to single leg hopping (in place, then add distance, height, and rotational components)
* Perform Phase IV-style exercises if appropriate: jogging starting at Week 4, then progress to running, cutting, and pivoting.
* Discharge when patient has achieved full ROM, is independent with ongoing HEP for strength/coordination, and has ability to perform all ADLs and work demands.

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