



Meniscectomy/ Knee Arthroscopy  
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	<b>WEIGHT BEARING</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>Phase 1: 0-2 weeks</b> <b>2x/week</b>	WBAT with crutches.  May wean crutches as tolerated with normal gait pattern.	Gentle as tolerated.	Perform HEP given at pre-op evaluation, follow up with PT 2-4 days post-op.  Edema control: Ice, massage, Tubigrip  Ankle pumps, quad sets, knee extension/calf stretch, AAROM knee flexion. Can perform ankle PRE's. Standing TKE's; SLR's x 4-way; Gait training to wean crutches. HEP.
<b>Phase 2: 2-4 weeks</b> <b>2x/week</b>	Work on normalized gait - FWB without A.D.	Full	Continue phase I exercises with additional resistance and modalities as needed;  **Follow up with PT at 2 weeks post-op and advance HEP to include WBAT strengthening:  Bike, Step ups (forward, lateral), Step downs, mini-squats, wall sits, standing calf raises, SLS balance and proprioception; Core work-outs (planks, bridging). BFR training if appropriate
<b>Phase 3: 4-12 weeks</b> <b>2x/week</b>	Full	Full  Focus on hip flexibility and stretching all LE muscle groups.	Elliptical, FWB strengthening within ROM of tolerance, Lateral dynamic stabilization  If Full ROM and no swelling: can begin straight-line jogging at 6 weeks post-op. Can begin agility drills if no pain or swelling after straight-line running; initiate plyometric progressions; Continue core work.  Functional activity training for Return to work or Return to Sports activities.
<b>Phase 4: 12-16 weeks</b> <b>1-2x/week</b>	Full	Full	Normal gross strengthening and Full Speed training. Discuss with surgeon regarding return to work/sports goals and address remaining functional deficits.

Contact MD by 4 weeks post op if patient is not able to achieve full extension.

MD post op appts: 3 days, 6 weeks, 12 weeks (if needed); Please send PT progress notes prior to each of these MD appts.

This protocol is not a substitute for clinical decision making of the health care professional.

Please see PT referral for any specific post op instructions.

\*\* Typically at the 2 week post-op visit the frequency of skilled PT vs. HEP can be determined, assessing factors of patient progress and personal goals/expectations.