

Edward S. Chang, MD Orthopaedics and Sports Medicine

OFFICE LOCATIONS

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CLINICAL NURSE

Eileen Perri, BSN (703) 797-6918

REHABILITATION GUIDELINES

KNEE ARTHROSCOPY, PARTIAL MENISCECTOMY, LOOSE BODY REMOVAL OR DEBRIDEMENT

The intent of this protocol is to provide the therapist with guidelines of the post-operative rehabilitation course after an arthroscopic meniscectomy. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.

INDIVIDUAL CONSIDERATIONS:

PHASE I (0-2 weeks)

Goals

- Control inflammation and pain
- Achieve full ROM
- Regain quadriceps control
- Full weight-bearing

Brace

- None
- Ice 3-4 times per day for 20 minutes and after every therapy session

Weight-bearing Status

 Weight-bearing as tolerated with crutches as needed for 1-5 days until normal gait is reestablished

Therapeutic Exercises

- Straight leg raises in all planes
- Heel slides, calf pumps, quadriceps sets
- Electrical stimulation as needed to control edema and regain quad tone
- Wall slides
- Patellar mobilization
- Balancing activities on a stable platform with eyes open and closed
- Quad, hamstring, gastroc, ITB stretching
- Stationary bike with low resistance and high seat
- Toe raise

PHASE II (2- 6 weeks)

Criteria

- Good quad set, SLR without extension lag
- Full AROM



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PHASE II (continued)

Goals

- Maintain full active ROM
- Progress with strengthening and endurance
- Gradual return to functional activities

Brace/Weight-bearing status

- Full weight-bearing, no crutches or brace
- Use ice after therapy

Therapeutic Exercises

- Mini-squats (0-45 degrees)
- Stationary Bike (high seat, low tension)
- Closed chain extension (leg press:0-60 degrees)
- Hamstring curls
- Pool walking/jogging
- Stair climbing (up/down, forward. backwards), StairMaster
- Elliptical trainer, cross-country skiing
- Begin jogging
- Plyometrics
 - Stair jogging
 - > Box jumps at 6 and 12 inch heights
- Proprioception
 - Mini-tramp standing and bouncing
 - ➤ Unstable platform (BAPS) with eyes open and closed
 - > Ball throwing and catching from stable surface, then advance to unstable surface

PHASE III (6 weeks +)

Criteria

- Normal gait
- Full, painless range of motion

Goals

- Progress with strength, power, and proprioception
- Return to full activities by 4-8 weeks depending on progress
- Progress with functional and sports-specific training

Therapeutic Exercise

- Continue with ROM and strengthening exercises as above
- May progress with strengthening as tolerated
- Sports specific drills

Criteria for Return to Sports

- Full, painless range of motion with no effusion
- 90% hamstring and quadriceps strength of contralateral side



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REHABILITATION GUIDELINES

RETURN TO RUNNING PROGRAM

PHASE I – Warm Up Walk 15 Minutes, Cool Down Walk 10 Minutes

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Day	1	2	3	4	5	6	7
Week 1	W5/J1x5*		W5/J1x5		W4/J2x5		W4/J2x5
Week 2		W3/J3x5		W3/J3x5		W2/J4x5	
Week 3	W2/J4x5		W1/J5x5		W1/J5x5		Return to Run

Key: W=walk, J=jog

*W5/J1x5= Walk (5 minutes), Jog (1 minute); repeat 5 times

PHASE II - Warm Up Walk 15 Minutes, Cool Down Walk 10 Minutes

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	20 min		20 min		20 min		25 min
2		25 min		25 min		30 min	
3	30 min		30 min		35 min		35 min
4		35 min		40 min		40 min	
5	40 min		45 min		45 min		45 min
6		50 min		50 min		50 min	
7	55 min		55 min		55 min		60 min
8		60 min		60 min			

- Recommendations:
 - o Runs should occur on softer surfaces during Phase 1
 - Non-impact activity on off days
 - o Goal is to increase mileage and then increase pace; avoid increasing two variables at

once

o 10% rule: no more than 10% increase in mileage per week



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REHABILITATION GUIDELINES

AGILITY AND PLYOMETRICS PROGRAM

This program is designed as a guide for clinicians and patients through a progressive return-torun program. Patients should demonstrate > 80% on a Functional Assessment and started a running program prior to initiating this program (after lower extremity surgery).

PHASE I: ANTERIOR PROGRESSION

Goals:

- Safely recondition the knee
- Provide a logical sequence of progressive drills for pre-sports conditioning

Agility:

- Forward run
- Backward run
- Forward lean in to a run
- Forward run with 3-step deceleration
- Figure 8 run
- Circle run
- Ladder

Plyometrics:

- Shuttle press: Double leg \rightarrow alternating leg \rightarrow single leg jumps
- Double leg:
 - Jumps on to a box \rightarrow jump off of a box \rightarrow jumps on/off box
 - o Forward jumps, forward jump to broad jump
 - Tuck jumps
 - o Backward/forward hops over line/cone
- Single leg (these exercises are challenging and should be considered for more advanced athletes):
 - o Progressive single leg jump tasks
 - o Bounding run
 - Scissor jumps
 - o Backward/forward hops over line/cone

Criteria to Progress:

- No increase in pain or swelling
- Pain-free during loading activities
- Demonstrates proper movement patterns



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PHASE II: LATERAL PROGRESSION

Goals:

- Safely recondition the knee
- Provide a logical sequence of progressive drills for the Level 1 sport athlete

Agility (*Continue with Phase 1 interventions):

- Side shuffle
- Carioca
- Crossover steps
- Shuttle run
- Zig-zag run
- Ladder

Plyometrics:

- Double leg:
 - Lateral jumps over line/cone
 - Lateral tuck jumps over cone
- Single leg (these exercises are challenging and should be considered for the more advanced athletes):
 - o Lateral jumps over line/cone
 - Lateral jumps with sport cord

Criteria to Progress:

- No increase in pain or swelling
- Pain-free during loading activities
- Demonstrates proper movement patterns

PHASE III: MULTI-PLANAR PROGRESSION

Goals:

• Challenge athlete in preparation for final clearance for return to sport

Agility:

- Box drill
- Star drill
- Side shuffle with hurdles

Plyometrics:

- Box jumps with quick change of direction
- 90 and 180 degree jumps

Criteria to Progress:

- Clearance from MD
- Functional Assessment
 - >90% contralateral side
- Return to Sport Index