

MENISCECTOMY AND CHONDROPLASTY

Post-Operative Physical Therapy Protocol



SCAN FOR THE
ONLINE VERSION



Stanford
MEDICINE

Dear Colleague,

I appreciate your partnership in the rehabilitation of this very special patient of ours. I have instructed the patient that you will be using this protocol. My belief is that the biggest predictor of success is what the patient does at home and consistently. **They should view you not just as a therapist but as a highly educated and skilled teacher** and the patient *must* be an active participant in the rehab process.

To facilitate this, I have included a copy of the rehab protocols I would like the patient to focus on at each time point in the rehab process. Please assist me by encouraging and teaching our mutual patient their home exercises as well.

With your help and the active participation of our patient, I know we can have another fantastic knee.

Please do not hesitate to reach out directly to me and my team with any questions at any time.

Respectfully,



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	WEEKS 0-2	WEEKS 2-4	WEEKS 4-6+
Weight bearing	Crutches 24-48 hours <i>Then progress to WBAT</i>	Full <i>Normal gait</i>	Full
Range of motion	Full, immediately <i>No restrictions</i>	Full <i>Should be achieved by 2 weeks</i>	Full
Brace	None	None	None
Strengthening	Quad sets, SLR, heel slides <i>Patellar mobs, co-contractions</i>	Wall sits, lunges, squats <i>Leg press, leg curls; quad/VMO</i>	Plyometrics
Impact and sport	Bike, elliptical <i>As tolerated</i>	Light jogging <i>Sport-specific drills as tolerated</i>	Cutting and pivoting <i>Return to sport and full activity</i>

As tolerated means pain during exercise no more than 2/10 above baseline. Avoid pushing into pain.

WEEKS 0-2

- Crutch use for the first 24 to 48 hours, then slowly progress to WBAT.
- Regain normal gait.
- **Immediate full ROM without restrictions.**
- Modalities for swelling reduction.
- Heel slides, quad sets, patellar mobilizations, straight leg raises, co-contractions.
- Stationary bike and elliptical as tolerated.

WEEKS 2-4

- Continue full weight bearing and unrestricted ROM.
- Full ROM should be achieved in the 0 to 2 week timeframe.
- Wall sits, lunges, balance and proprioception exercises.
- Leg press, leg curls, squats.
- Focus on regaining quadriceps and VMO strength.
- Impact activity (light jogging) okay per patient tolerance.
- Sport-specific drills as tolerated.

WEEKS 4–6+

- Plyometrics.
- Cutting and pivoting activities.
- Return to sport and full activities.

CRITERIA TO RETURN TO SPORT

- Full ROM compared with the uninvolved side.
- No effusion.
- Normal gait and pain-free activities of daily living.
- Quadriceps strength at least 90% of the uninvolved side.

WEEK-BY-WEEK PROGRESSION

EXERCISE	1	2	3	4 (1 mo)	5	6	7	8 (2 mo)	9	10	12 (3 mo)	16	20	24 (6 mo)
Initial Exercises														
Crutches 24 to 48 hours, then WBAT														
Regain normal gait														
Full ROM without restrictions														
Swelling reduction modalities														
Heel slides, quad sets, patellar mobs, SLR, co-contractions														
Advanced Exercises														
Wall sits, lunges, balance and proprioception														
Leg press, leg curls, squats														
Quadriceps and VMO strengthening														
Plyometrics														
Cardiovascular Exercises														
Stationary bike														
Elliptical trainer														
Agility Exercises														
Light jogging as tolerated														
Sport-specific drills as tolerated														
Cutting and pivoting														
High-Level Activities														
Return to sport and full activities														

Full range of motion is allowed immediately. Progress each step as tolerated.

This protocol is a general guideline and does not replace the clinical judgment of the treating therapist and surgeon. Please contact our office with any questions.