

Meniscectomy / Debridement Protocol

Name _____ Today's Date _____

Diagnosis _____ Surgery Date _____

Frequency: 1 2 3 4 5 times/week

Duration: 1 2 3 4 5 6 weeks

Side: R / L

Evaluate only

Provide home exercise program (HEP)

Evaluate and Treat

PHASE 1: Weeks 0 - 2

- Wean off crutches as soon as possible
- Weight-bearing as tolerated immediately
- Full active and passive motion immediately

Therapeutic Exercise

Patellar mobs, SLR, heel slides,
quad/hamstring sets, heel cord stretch,
ankle pumps, prone hangs, toe raises,
begin core work, stationary bike

PHASE 2: Weeks 2 - 6

- Obtain full range of motion
- Weight-bearing as tolerated

Closed-chain exercises, squats, leg press,
lunge, proprioception, plyometrics,
flexibility, StairMaster, NordicTrac

Comments:

Modalities: ___ Per therapist ___ Electrical Stimulation ___ Ultrasound ___ Heat before/after ___ Ice before/after

___ Aquatherapy ___ Massage ___ Trigger points ___ ART (Active release techniques) Other _____

Signature _____ Date _____