



REHABILITATION PROTOCOL: MENISCECTOMY

DR. KEVIN SHEPET

GOALS

- Hip abductor and Glute strengthening ⇒ must be able to perform one legged squat with knee control by discharge of therapy
- Hip/core strengthening ⇒ pelvis stabilization and biomechanics
- Quadriceps Strengthening, emphasize VMO strengthening, closed-chain exercises
- Iliotibial Band, hamstring, buttocks stretching ⇒ must develop a daily home program to continue after discharge from PT (foam roller)
- Hip abductor and adductor strengthening
- Calf stretching
- Patellar and soft tissue mobilization
- Knee proprioception with stairs and boxes
- Blood flow restriction therapy for low load / stress

PRECAUTIONS

- Knee swelling and stiffness are common initially after surgery but should gradually diminish and resolve. Continued swelling is a sign you are doing too much too soon and need to cut back.

STEPS

- Week 0-2: Edema control, advance to full weight bearing. ROM as tolerated, gradually increase. Bike, light walking.
- Blood flow restriction therapy for low load / stress
- Week 2-6: Increase strength and flexibility: Quad, hamstrings, hip, core
- Integrate sport specific drills / activities and running as able
- Advance only when pain free and swelling resolves
- Return to full activity / sports when good control of leg is regained, and strength and balance have returned.

Dr. Kevin Shepet

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