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Arthroscopic Meniscectomy Protocol

Name _____ Date _____

Procedure _____

Procedure Date _____

Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

Anytime the dressing is changed or examined, ***please wash hands*** prior with antibacterial soap. Do not apply any ointments or medications to the area. The surgical dressing should be changed by the therapist using ***sterile*** technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips. The new dressing should include dry gauze and ACE wrap.

Range of motion is an important progression of therapy, but limiting swelling is important. Respecting swelling will decrease pain and improve motion.

	WEIGHT BEARING	BRACE	ROM	THERAPEUTIC EXERCISE
PHASE I 0-2 weeks	WBAT: crutches 1-3 days as needed Dressing change day on initial eval	None	Progress ROM as tolerated	Heel slides, quad/hamstring sets, patella mobs, SLR, hamstring and gastroc stretching, heel prop, stationary bike (ROM) etc. Swelling: ICE and elevation/e-stim

PHASE II 2-4 weeks	Full weight with normalized gait pattern	None	Continue work on any ROM limitations	Open and closed chain strengthening: ¼ squats, proprioceptive work, step ups, stationary bike, scar mobilization once portals are healed.
PHASE III 4-6 weeks	FWB	None	Full ROM	Cardiovascular exercises, proprioceptive work, quad/hamstring strengthening: leg press, hamstring curls, closed chain, functional demands needed for work.

Comments:

FCE _____ Work Conditioning/Work Hardening _____ Teach HEP _____

Every patient’s therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient’s outcome do not hesitate to call.

Patient’s recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ **Date** _____