



These guidelines are intended for Compensation Services and Clinical Staff as general guides for the direction, timing and expected outcomes for post-surgical rehabilitation clients seen through the Visiting Specialists Clinic. Deviations from these guidelines may occur based on the specifics of individual cases and surgeon preference.

Procedure: Meniscectomy – with no joint changes (simple)

Phases and Expected Time Lines	Rehabilitation Guidelines	Goals of the phase	Notes
0-Week 1: <ul style="list-style-type: none"> Maximum protection 	<ul style="list-style-type: none"> Weight bearing as tolerated (with crutches) x 3-4 days Active and passive ROM (limit flexion up to 90°) Patellar mobilizations Foot and ankle exercises Straight leg raise Electrical muscle stimulation Isometric quads, hamstrings, calf muscles Modalities for inflammation, as needed Educate re: anatomy, surgical procedure, rehabilitation phases At 10 days: <ul style="list-style-type: none"> Start pool – once wound is healed 	<ul style="list-style-type: none"> Control inflammation Active and passive ROM: <ul style="list-style-type: none"> Full extension Flexion to 90° 	
Weeks 1-2: <ul style="list-style-type: none"> Moderate protection 	<ul style="list-style-type: none"> By 7-10 days: <ul style="list-style-type: none"> Full weight bearing, no aids Straight leg raise – all planes Stretches/flexibility exercises Closed kinetic chain exercises – lower extremity (up to 90° knee flex) <ul style="list-style-type: none"> Start with support and progress to no support Start resisted lower extremity exercise Balance and proprioception <ul style="list-style-type: none"> Start weight bearing as tolerated Cycling – no tension; gradually increase time Once off crutches: <ul style="list-style-type: none"> Start treadmill 	<ul style="list-style-type: none"> Full weight bearing Full active ROM 	



<p>Weeks 2-3:</p> <ul style="list-style-type: none"> • Minimum protection 	<ul style="list-style-type: none"> • Continue with flexibility exercises: avoid extreme of flexion (i.e. crouch, squat) • Continue Closed kinetic chain for lower extremity: in weight bearing • Continue with Lower extremity resisted exercises • start minisquats (up to (90° flexion) • Balance <ul style="list-style-type: none"> • Bilateral, progress to unilateral • Stairmaster, Nordic Track • <u>Precautions:</u> no running, jumping, twisting, breast stroke 	<ul style="list-style-type: none"> • Normal gait pattern • Strength 4/5 	
<p>Weeks 3-4:</p> <ul style="list-style-type: none"> • Return to work/sport activities 	<ul style="list-style-type: none"> • Continue with strength, functional, proprioceptive and endurance training • By 3-4 weeks: <ul style="list-style-type: none"> • Start jumping, light running • <u>By 4-6 weeks:</u> <ul style="list-style-type: none"> • If further conditioning is required, Case Manager will consider referral to Occupational Rehabilitation 1 Program • If further conditioning and attention to functional capabilities/job demands is required, Case Manager will consider referral to Occupational Rehabilitation Program 	<ul style="list-style-type: none"> • Full strength • Maximize function 	

Special Considerations:

- Brace to be worn at the surgeon's discretion

Legend of abbreviations:

1. ROM= Range of Motion
2. RTW= Return to Work

**WORKERS' COMPENSATION BOARD**

6951 Westminster Highway, Richmond BC V7C 1C6
Telephone (604) 279-7576 Fax (604) 231-8423
Mailing Address: PO Box 5350 Stn Terminal Vancouver BC V6B
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Post-op Rehabilitation Guidelines**References:**

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Developed by:

The post-operative protocols are based on existing protocols from the Orthopaedic surgeons in the Visiting Specialist Clinic (VSC), amalgamated with protocols identified from an extensive review of current surgical and rehabilitation literature. The VSC surgeons vetted the revised protocols along with a committee comprised of Sports Medicine, Occupational Medicine, Physiatrist physicians, Client Services Manager and both clinical and administrative physiotherapists within the Board. As well, representatives from Physiotherapy Association of BC have reviewed these protocols.