
Partial Meniscectomy Physical Therapy Protocol

Phase I: Acute Motion (Weeks 0 to 2)

Goals

- Relieve pain and swelling
- Decrease inflammation
- Retard muscle atrophy
- Maintain and increase flexibility

Weeks 0 to 2

Weight Bearing

- As tolerated (progress off of assistive device as gait normalizes)

Exercises

- Range of motion exercises
- Quad sets (with neuromuscular electrical stimulation if needed)
- Short arc quads
- Long arc quads (no weight)
- Mini squats (0 to 45 degrees)
- Four-way straight leg raises
- Multi-angle isometrics
- Avoid kneeling, excessive knee flexion or repetitive activities
- Cryotherapy with elevation for pain and inflammation every hour for 20 minutes

Phase II: Subacute (Weeks 2 to 6)

Goals

- Restore soft tissue balance
- Progress strengthening program
- Enhance proprioception

Weeks 2 to 6

Exercises

- Progress range of motion exercises to full
- Continue exercises as listed above
- Leg press
- Hamstring curls
- Wall squats
- Terminal knee extensions
- Step ups
- Lateral step downs
- Lateral walks with resistance
- Proprioception and balance exercises
- Continue cryotherapy for pain management

Phase III: Chronic (Weeks 6 to 12)

Criteria to Progress to Phase III

- Full range of motion
- Minimal to no pain
- Minimal to no swelling

Goals

- Achieve maximal strength and endurance

Exercises

- Continue exercises as listed above
- Increased emphasis on functional activities
- Dynamic stability drills
- Sport specific drills
- Lunges
- Knee extensions (90 to 15 degrees)
- Core exercises

Maintenance Program

- Continue with flexibility exercises daily
- Continue with strengthening exercises three to four times a week
- Progress endurance training