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Orthopaedic Surgery · Sports Medicine

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PHYSICAL THERAPY PROTOCOL

# Partial Meniscectomy

Arthroscopic partial meniscectomy — accelerated rehabilitation

Because torn tissue is trimmed rather than repaired, rehabilitation is accelerated. Weight bearing and motion are advanced as swelling and comfort allow, with a return to most activity within a few weeks.

### General Precautions

- Weight bearing as tolerated; crutches only until gait is non-antalgic.
- Control swelling — it is the main limiter of early progress.
- Avoid deep squatting and high-impact activity until swelling resolves and strength returns.

## Phase I — Early Motion & Weight Bearing Weeks 0–1

**Goals**

- Control swelling
- Restore full extension and quad control
- Weight bearing as tolerated

**Precautions / Restrictions**

- Avoid deep flexion under load
- Wean crutches as gait normalizes

**Exercises & Interventions**

- Quad sets, straight-leg raises
- Range of motion as tolerated
- Patellar mobilizations
- Ankle pumps
- Stationary bike as motion allows

**Criteria to Advance**

- Full extension
- Good quad set
- Minimal swelling

## Phase II — Motion & Strength Weeks 1–3

**Goals**

- Full range of motion
- Normalize gait
- Restore strength

**Exercises & Interventions**

- Full ROM
- Closed-chain strengthening (mini-squats, leg press, bridges)
- Balance/proprioception
- Bike and low-impact conditioning

**Criteria to Advance**

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- Full pain-free ROM
- Normal gait without crutches

## Phase III — Return to Activity Weeks 3–6

### Goals

- Restore full strength and return to sport

### Exercises & Interventions

- Progressive resistive strengthening
- Running and agility progression as tolerated
- Sport-specific drills

### Criteria to Advance

- Symmetric strength
- No swelling with activity
- Return to sport typically ~4–6 weeks

*This protocol is a general guideline. Progression is criteria-based and may be advanced or slowed by Dr. O'Donnell based on intraoperative findings, tissue quality, fixation, and individual healing. Time frames are approximate. Direct questions to the office at (305) 393-8810.*