



Arthroscopic Partial Menisectomy

Dr Longobardi

<u>TIME LINE</u>	<u>CLINICAL INTERVENTION</u>	<u>REHAB GOALS</u>
<p>0-2 Weeks</p>	<p>Eval: 3-5 days post op Dressing change and inspect wound for abnormal healing Issue HEP</p> <ol style="list-style-type: none"> 1. SLR 2. Quad sets 3. A/AROM 4. Hamstring stretch 5. Passive extension 6. RICE and moist heat education 7. Home E-Stim if appropriate <p>Gait Training: Instruct in heel-toe gait w/ axillary crutches WBAT DC crutches when pt can ambulate w/o limp</p> <p>Ther Ex: Bike for ROM only Hip and ankle PRE's to tolerance Knee AROM Sub-max isometrics SAQ and LAQ Knee flexion</p> <p>Manual Therapy: Gentle PROM w/ emphasis on extension to pt's tolerance Scar massage prn</p> <p>Modalities: E-Stim and ice for edema control E-Stim for Mm re-education Biofeedback for Mm re-education</p>	<p>Decrease post-op joint effusion/swelling to minimal or none w/in 4-5 weeks post-op Restore full AROM by 2-3 weeks post-op Normal LE strength by 4-6 weeks post-op Normal LE function w/ discharge to independence in ADL's by 6 weeks post-op Compliance to out-patient and home exercise program (HEP)</p>



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<u>TIME</u> <u>LINE</u>	Frequency: 2x/Week <u>CLINICAL INTERVENTION</u>	<u>REHAB GOALS</u>
2-4 Weeks	Ther Ex: Initiate Aquatics if available and if proper wound healing has occurred Initiate knee PRE's as tolerated open and closed chain Progress hip and ankle PRE's as tolerated Initiate functional activity training as tolerated Endurance training Manual Therapy: Continue PROM prn Continue scar massage prn Modalities: Continue modalities prn Frequency: 2x/week	Full AROM and PROM
4-6 Weeks	Ther Ex: Progress LE strengthening Progress functional activity training Initiate sport-specific training or Work Conditioning Request FCE if appropriate before initiating work conditioning	Full AROM should be achieved DC goal is 6 weeks post-op if normal LE function is obtained.