
Menisectomy/Chondral Debridement Rehabilitation Protocol

The following are guidelines for the post-operative rehabilitation of an individual who has undergone a menisectomy and/or chondral debridement. This schedule will vary from patient to patient based on individual tolerance. This guideline is intended to be administered by a licensed physical therapist and/or certified athletic trainer. If there are any questions concerning the rehabilitation, please don't hesitate to call our office.

MAJOR OBJECTIVES:

- Ambulation without assistive devices or gait abnormality
- Full range of motion within first 2 weeks post-operative
- Progressive increase in strength and flexibility
- Return to full activity by 6 weeks post-operative

Phase 1

0-2 weeks

- Crutches/cane used for 24-48hrs, advance to full weight-bearing as tolerated
- Modalities (ice, elevation, compression) to decrease swelling and inflammation
- Full ROM is allowed and should be obtained early
- Begin heel slides, quadriceps sets, straight leg raises, isometric abduction/adduction, patellar mobilizations, ankle strength

Phase 2

2-4 weeks

- Full weight-bearing without assistive devices
- Continue to progress to full ROM
- Progress activity to include wall sits, lunges, and balance exercises

Phase 3

4-6 weeks

- Continue full weight-bearing
- Full range of motion
- Progress activity to include leg press, leg curls, squats and plyometric exercises
- Return to full activity as tolerated