



Meniscectomy Protocol Phase 1

Purpose	Precautions
Functional Restoration	<ul style="list-style-type: none">• WBAT• Avoid standing/walking for a prolonged period• Avoid repetitive squatting movements past 90°
Typical Time Frame	
0-4 Weeks	

Criteria to Pass

- 0°-120° of knee AROM
- SLS x 30sec without LOB
- 30 consecutive SLR without lag
- Normal gait pattern without AD and with full terminal knee extension
- Ascend/descend stairs reciprocal pattern without pain
- 5 steps ups (10")
- 5 lateral step downs (8")
- Y balance reach 95% of uninvolved side w/o hip strategy

Priority List & Suggested Exercises

1. Knee Extension ROM

- Quad sets with NMES > SLR (quad set into SLR)
- Stretches: Hamstring and slantboard
- Manual Techniques: Patella mobs (superior glides), Passive extension overpressure (add quad set)
- Low Load Long Duration: Extension prop, Prone hangs, Foot on Ottoman (add weight or ice to all)

2. Knee Flexion ROM

- PROM/AAROM: Seated knee bend off table, Physioball knee flexion (supine), Heel slides, Wall slides, Shuttle press, Standing knee flexion on step
- Bike
- Manual Techniques: Patella mobs (inferior glides)
- Knee Circles

3. Gait Training

- SLS no UE support > SL balance reaches
- Hurdle Progression
- Gait Progression

4. Anterior Chain Strength

- SAQ and/or LAQ with NMES (until able to achieve full ROM comparable to other side)
- TKEs (ball behind knee > banded) > Shuttle Press TKEs
- Leg extensions (double > single)
- SL Shuttle press
- Wall sit progression < 90°

5. Functional Strength

- Step up progression
- LSD progression

6. Posterior Chain Strength

- Bridge progression
- Hamstring curl progression
- SL RDL progression
- Calf raises variation

7. Lateral Chain Strength

- Clamshells > Sidelying abduction
- Stork stance holds 5x15sec

Special Considerations

- BFR: Use once patient has a good quad contraction per therapist discretion
- NMES: Use for patients who are having difficulty with quad activation and a lag during SLR
- Motor Control: If there is still a difference between AROM/PROM focus on end range strengthening and isometrics
- Programming: High volume for exercises 2-3 sets of 12-15 reps



Meniscectomy Protocol Phase 2

Purpose		Precautions
Progressive Overload		<ul style="list-style-type: none">• Avoid exercises that are painful and cause swelling• Don't initiate running
Typical Time Frame		
3-8 Weeks		
Criteria to Pass		
<ul style="list-style-type: none">• Knee ROM is restored to 95% of the uninvolved knee• Squat symmetrically to 90°• 30 lateral step downs (8", back flat against wall) with no hip compensation• 15 forward step downs (8")	<ul style="list-style-type: none">• 25 SL bridges on bench (knee bent at 20°)• 25 SL calf raises (10° incline to 60bpm metronome)• 25 SL squats to box (20") with minimal trunk flexion	
Priority List & Suggested Exercises		
<ol style="list-style-type: none">Knee Flexion ROM<ol style="list-style-type: none">a. Continue previous exercises with more aggressive PROMb. Intro to Couch stretch, prone quad stretchAnterior Chain Strength<ol style="list-style-type: none">a. DL extension > SL extensionb. Sled Pulls/Pushesc. Wall sit progressiond. Eccentric SL Shuttle PressFunctional Strength Activation<ol style="list-style-type: none">a. Squat Progressionb. LSD Progressionc. Forward step down progression	<ol style="list-style-type: none">Posterior Chain Strength<ol style="list-style-type: none">a. Hamstring curl progressionb. RDL progressionc. Calf raise variationLateral Chain Strength:<ol style="list-style-type: none">a. Hip hike holds > hip hike repsb. Stork stance banded repsc. LBW/Skatersd. Side plank progressione. Lateral squat progression	
Special Considerations		
<ul style="list-style-type: none">• NMES: Use until patient can perform unweighted SAQ and LAQ = ROM to uninvolved LE• BFR: Based on therapist discretion and patient's need• Programming: 3 sets of 8-12 reps with anterior and functional• Consider aerobic conditioning for HEP throughout all phases to maintain aerobic capacity		

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Meniscectomy Protocol Phase 3

Purpose

Intro to Impact

Typical Time Frame

4-10 Weeks

Precautions

- Avoid exercises that are painful and cause swelling
- Don't initiate running until patient has passed the criteria below for return to jogging

Criteria to Pass

To Begin Jogging: (Use Strengthlevel.com)

- 12 reps at 70% of Novice Goblet Squats
- 12 reps at 70% of Novice Forward Lunges
- 12 reps at 70% of Novice DB RDLs
- <30% quad strength deficit for average force with Isometric testing at 60° knee flexion
- 15 SL hops in place w/ good load acceptance & landing in same spot

To move onto phase 4:

- Jog 5 min w/o limping
- Sprint w/o compensation
- Land symmetrical <10% w/ 5 squat jumps on Force Plates
- Decel efficiently in the sagittal plane

Priority List & Suggested Exercises

1. Anterior Chain Strength

- a. Split Squat Isometric Hold
- b. DL machine extension holds at 0° > SL holds
- c. DL machine extension > SL machine extension
- d. Shuttle Press variations

2. Functional Strength

- a. Goblet squat progression
- b. Split squat progression
- c. Step up Progression
- d. LSD progression

3. Agility/Impact

- a. Agility ladder (basic coordination)
- b. Mini hops > Jogging progression > hop & stop > UE assisted treadmill intervals
- c. Deceleration: snap down progression > cable decels > multiplanar hops > ladder decels > change of pace > stop & goes
- d. Jump progression

4. Posterior Chain Strength

- a. Hamstring curl progression
- b. Hip thrust progression
- c. RDL progression
- d. Nordics progression
- e. Calf raise variation

5. Lateral Chain Strength

- a. Lateral squat variations
- b. Copenhagens
- c. Anti-rotation and balance training

Special Considerations

- Stretching: Continue quad stretching (prone quad and couch stretch)
- Quad Strength: Constant focus to improve quad strength and decrease quad deficit
- Isometric Testing: Quad strength testing at 60° to reduce stress on ACL graft
- Programming:
 - 2:1:1 anterior chain to posterior chain to impact exercises
 - Increase sets to 4 with reps 6-12 specifically for anterior and functional exercises
 - No > 2-3 sets of 3-5 reps for agility/impact exercises

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Meniscectomy Protocol Phase 4

Purpose	Precautions
Deceleration	• Don't initiate cutting until patient has passed the criteria below for return to cutting
Typical Time Frame	
6-12 Weeks	

Criteria to Pass

To Begin Cutting: (Use Strengthlevel.com)

- 8 reps at 80% of Intermediate Goblet Squats
- 8 reps at 80% of Intermediate Forward Lunges
- 8 reps at 80% of Intermediate DB RDLs
- <20% quad strength deficit for average force with isometric testing at 60° knee flexion

To Move Onto Phase 5:

- SL hop test >80% LSI with average of 3 trials
- <20% deficit for Deceleration RFD and Peak Force with landing w/ 3 SL Countermovement Jump on Force Plates

Priority List & Suggested Exercises

1. Agility/Impact

- a. Medicine ball drops
- b. Weighted hops > 3-way hurdle hop
- c. Hop over hurdle in sagittal plane > hurdle hop into lateral plane
- d. Hop over hurdle (lateral plane) > transition hops
- e. Lateral shuffles, reactive cutting, pro agility drill, T-test drill
- f. Cutting footwork drill > cone cutting > reactive cone cutting

2. Anterior Chain Strength

- a. Heavy SL machine extension
- b. Advanced Shuttle Press variations
- c. Leg Extensions on Exxentric
- d. Squat Variations

3. Functional Strength

- a. Continue with Phase 5 exercises
- b. Add more load to functional movements
- c. Exxentric: squat, split squat

4. Posterior Chain Strength

- a. Hamstring curl progression
- b. Hip thruster progression
- c. Deadlift/RDL variations
- d. Nordic progression
- e. KB swings
- f. Calf raise variations

5. Lateral Chain Strength

- a. Lateral step ups
- b. Lateral squat variations
- c. Exxentric: lateral lunges
- d. Rotational deadlifts

Special Considerations

- Icing & Stretching: At the end of session or at home; Continue prone quad & couch stretch)
- Programming:
 - No > 3-4 sets of 3-5 reps agility
 - 2:1 Power to Strength ratio
 - Rest Days: At least 3 days off
 - Tempo: 0-0-0 Decelerate the load and transition to acceleration as fast as possible
 - Plyometrics should be done prior to strengthening in order to avoid fatigue
 - Once patient can tolerate advanced plyometrics for multiple sets/reps without pain and with good form you can begin supersetting strength with power
- Conditioning: Begin through cross training on elliptical, bike, rower, jogging

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Meniscectomy Protocol Phase 5

Purpose		Precautions
Return to Sport		
Typical Time Frame		
8-16 Weeks		
Criteria to Pass		
<ul style="list-style-type: none">• SL hop test >95% LSI with average of 3 trials• Triple hop test >95% LSI with average of 3 trials• <10% quad strength deficit for average force with isometric testing at 60° knee flexion• Score of 48 or > on the Injury-Psychological Readiness to Return to Sport (I-PRRS) Questionnaire		
Priority List & Suggested Exercises		
<p>1. Agility/Impact</p> <ul style="list-style-type: none">a. Continue with phase 6 agility/impact exercises until performing proficientlyb. Depth jump progression <p>2. Complex Training: Compound Exercise at 80% 1RM (4 reps) followed by a plyometric jump exercise that mimic the same motor pattern (3 reps); 3-6 sets</p> <ul style="list-style-type: none">a. Anterior Chain Complex Example: Front Squats followed by Squat Jumpsb. Posterior Chain Complex Example: Barbell RDLs followed by KB Swingsc. Lateral Chain Complex Example: Lateral Lunges > Skaters <p>3. Contrast Training</p> <ul style="list-style-type: none">a. Perform a maximal or near maximal lift (90-97% 1RM) followed by a drop set performed at 50-70% 1RM. Perform at maximal velocity. <p>4. French Contrast Training</p> <ul style="list-style-type: none">a. 4 exercises performed in successionb. Heavy compound exercise (80-90% 1RM) 1-4 repsc. Plyometric jump 3 repsd. Drop set or weighted jump (30% 1RM) 3 repse. Accelerated jump (usually band assisted) 2-3 reps		
Special Considerations		
<ul style="list-style-type: none">• Icing: At the end of session or at home• Prioritize Recovery: 2-3 days off/wk• Training Scheme: Master complex training > contrast training > french contrast training• Contact should be progressed per therapist discretion		

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