DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Post-Operative Physical Therapy Protocol

# Meniscectomy / Knee Arthroscopy

Northwell Health • Department of Orthopedic Surgery & Sports Medicine • Dr. Kaisen Yao, MD

| Patient Name | Date of Surgery | Prescribing Surgeon |
|---|---|---|
| | | Dr. Kaisen Yao, MD |

## General Guidelines & Precautions

- Weight bearing is typically as tolerated immediately after surgery, using crutches until gait is non-antalgic and quadriceps control is adequate.
- Prioritize swelling control with ice, compression, elevation, and ankle pumps.
- Restore full knee extension early; advance flexion as tolerated.
- Contact the surgeon for fever, calf pain, excessive drainage, uncontrolled pain, or rapidly increasing swelling.

**PHASE I**
## Immediate Post-Op

**TIMEFRAME**
## DAYS 0–7

**Goals:**
Reduce pain and effusion, restore knee range of motion to at least 0–90°, re-establish quadriceps activation, and normalize transfers and gait with an assistive device as needed.

**Interventions:**
Cryotherapy, compression, elevation, ankle pumps, patellar mobilizations, heel slides, extension stretching (heel prop or prone hang), quad sets, straight-leg raises, calf raises, and hip strengthening.

**Gait:**
Weight bearing as tolerated with crutches; begin weaning when swelling is controlled, straight-leg raise is without lag, and gait is normalized.

**Criteria to Progress:**
Knee range of motion at least 0–90°, improving swelling, and good quadriceps control with straight-leg raise.

PHASE II

## Early Strengthening

TIMEFRAME

## WEEKS 2–4

**Goals:**
Achieve full pain-free range of motion, normalize gait without an assistive device, and improve strength and neuromuscular control.

**Interventions:**
Continue range-of-motion and stretching work; progress to mini-squats, step-ups, leg press within tolerance, bridges, hamstring curls, stationary bike, and balance/proprioception drills.

**Activity:**
Increase walking distance gradually; avoid running, jumping, and twisting.

**Criteria to Progress:**
Full range of motion, minimal effusion, normalized gait, and good single-leg control in basic functional tasks.

PHASE III

## Advanced Strengthening & Function

TIMEFRAME

## WEEKS 4–6

**Goals:**
Restore muscular endurance, improve eccentric control, and progress functional movement patterns.

**Interventions:**
Progress strengthening with deeper squats as tolerated, step-downs, split squats, single-leg balance, resisted walking, elliptical, and low-impact conditioning.

**Functional Focus:**
Emphasize symmetrical mechanics during sit-to-stand, stairs, and single-leg tasks.

**Criteria to Progress:**
No reactive swelling, pain well controlled, and strength and balance sufficient for light impact preparation.

PHASE IV

## Return to Activity

TIMEFRAME

## WEEKS 6–8+

**Goals:**
Return to unrestricted daily activity and initiate sport-specific progression when cleared.

**Interventions:**
Advance to jogging, agility, plyometrics, and cutting drills only if there is full range of motion, no joint irritation, and adequate strength and control.

**Return to Sport/Work:**
Sedentary work often resumes within days; more demanding work and sports typically require several weeks and should follow surgeon and therapist clearance.

**Discharge Criteria:**

Full pain-free range of motion, minimal to no swelling, near-symmetrical lower-extremity strength, and safe movement mechanics with higher-level tasks.

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This protocol is a general guideline. Progression should be individualized by the treating physical therapist in coordination with Dr. Yao's office based on meniscal tear pattern, extent of resection, and the patient's clinical presentation.