



Arthroscopic Meniscal Debridement – Rehabilitation Protocol



Arthroscopic meniscal debridement is a minimally invasive surgical procedure used to remove damaged or torn portions of the meniscus in the knee. Unlike a meniscal repair, this procedure does not involve suturing the meniscus but instead trims the injured tissue to restore smooth joint mechanics and reduce symptoms like pain, swelling, and locking.

Rehabilitation Goals

- Reduce pain and swelling
- Restore full range of motion
- Regain normal walking without a limp
- Improve quadriceps and lower limb strength
- Return to full functional activities and sport as appropriate



Expected Recovery Time

Milestone	Timeframe
Weight-bearing as tolerated	0–1 week
Return to work (sedentary)	1–2 weeks
Normal gait without limp	2–3 weeks
Begin light jogging	4–6 weeks
Return to sport (non-contact)	6–8 weeks
Return to full sport	8–12 weeks

Phase 1: Early Post-op (0–2 weeks)

Goals

- Control pain and swelling
- Restore knee extension and flexion range of motion
- Begin quadriceps activation
- Promote independent ambulation

Instructions

- Use crutches as needed for comfort; gradually wean off as tolerated
- Apply ice packs 15–20 minutes, 3–5 times daily to control swelling
- Keep the leg elevated when resting
- Avoid prolonged standing or walking initially
- Use compression and keep the wound clean and dry

Exercises

- Ankle pumps: hourly when awake
- Quadriceps sets: hold 5–10 seconds, 10–15 reps, 3–5 times daily
- Heel slides to improve flexion: 10–15 reps, 3 times daily
- Passive and active-assisted knee extension to full range
- Straight leg raises (if no lag): 10–15 reps, 3 sets



Phase 2: Intermediate Recovery (2–6 weeks)

Goals

- Achieve full range of motion & normalize gait pattern
- Increase strength and endurance
- Improve proprioception and balance

Instructions

- Discontinue crutches if walking without a limp
- Begin light stationary cycling (low resistance)
- Avoid high-impact activities or pivoting movements

Exercises

- Continue Phase 1 exercises as needed
- Wall sits (within comfort range): 30–45 seconds, 3 sets
- Step-ups: 10–15 reps, 2–3 sets
- Mini-squats (0–45°): 10–15 reps, 2–3 sets
- Balance training (e.g., single-leg stands on stable surface)
- Seated leg press (light resistance, 0–60° range)

Phase 3: Advanced Strengthening (6–10 weeks)

Goals

- Restore near-normal strength
- Enhance dynamic balance and coordination
- Begin impact and agility drills (if appropriate)

Instructions

- Gradually introduce more dynamic and sport-specific movements
- Monitor for swelling or pain after increased activity

Exercises

- Progress to closed-chain strengthening (e.g., lunges, step-downs)
- Proprioception drills: wobble board, single-leg stance with perturbations
- Light plyometric exercises: jump rope, mini hops (bilateral, then single-leg)
- Treadmill jogging or outdoor running if pain-free
- Continue cycling or elliptical for endurance



Phase 4: Return to Sport and Maintenance (10–12+ weeks)

Goals

- Regain full sport-specific strength, speed, and agility
- Safely return to pre-injury level of activity
- Maintain joint mobility and muscle balance

Instructions

- Only progress to full sports participation if strength is symmetrical and knee is pain-free
- Warm-up adequately before sports
- Continue regular strengthening and mobility exercises

Exercises

- Sport-specific drills (e.g., cutting, pivoting, lateral movements)
- Agility ladder, cone drills
- Resistance training (full lower limb program)
- Maintenance of flexibility (hamstrings, quadriceps, calves)

When to Contact Your Surgeon

- Fever over 38°C or chills
- Wound redness, drainage, or unusual swelling
- Calf pain or swelling (potential sign of deep vein thrombosis)
- Knee locking or giving way
- Persistent or increasing pain beyond 2–3 weeks post-op
- Concerns about mobility, range of motion, or exercise tolerance

Disclaimer:

Note: This is a general guideline. Your physiotherapist or surgeon may adjust the protocol based on your specific condition and progress.