GENERAL KNEE DEBRIDEMENT, PARTIAL MENISCECTOMY, PLICA RESECTION CLINICAL PRACTICE GUIDELINE

Overview

- Progression is time and criterion-based, depending on soft tissue healing, patient demographics, and clinician evaluation.
- For questions, contact Dr. Sujan Gogu's clinic.

Phase I: Weeks 0-1

Category	Details
Considerations	• Manage pain • Control swelling • Care for wound/incision site and perform scar massage; educate patient • Transition to full weight-bearing (FWB) without crutches when there's no antalgia, pain, or effusion, full knee extension during walking, and adequate quadriceps activation
Range of Motion (ROM)	• Achieve full active knee extension • Perform patellar mobilization • Attain knee flexion of at least 90º
Neuromuscular Control/Strengthening	• Use estim or biofeedback for quadriceps/VMO recruitment as needed • Strengthen hip abductors and core • Focus on eccentric knee control with closed kinetic chain (CKC) exercises
Mobility	• Stretch quadriceps • Stretch hip flexors • Stretch hamstrings • Stretch IT Band • Stretch gastroc/soleus
Goals to Progress to	**1.** Minimal to no swelling

Category	Details
Next Phase	**2.** Minimal to no pain **3.** Normalized gait **4.** Full active knee extension **5.** Normal patellar mobility **6.** Straight Leg Raise (SLR) without extensor lag **7.** Well-healing incisions with no infection signs

Phase II: Weeks 2-3

Category	Details
Range of Motion (ROM)	• Control swelling • Achieve knee flexion from 0 to 125º
Mobility	• Stretch quadriceps • Stretch hip flexors • Stretch hamstrings • Stretch IT Band • Stretch gastroc/soleus
Neuromuscular Control/Strengthening	• Perform proprioception exercises • Engage in multi-angle closed kinetic chain (CKC) exercises • Conduct balance training • Focus on quadriceps recruitment • Strengthen hip abductors and core • Light plyometrics with an emphasis on correct landing mechanics
Functional Activities	Ascend and descend stairs with a reciprocal gait pattern, independent of upper extremity (UE) support
Goals to Progress to Next Phase	**1.** Achieve full ROM within 90% of the contralateral limb **2.** No pain during strengthening exercises **3.** Demonstrate good eccentric knee control with CKC exercises and light plyometrics

Phase III: Weeks 4-8

Category	Details
Range of Motion (ROM)	• Achieve full active range of motion (AROM) • No swelling present
Mobility	• Stretch quadriceps • Stretch hip flexors • Stretch hamstrings • Stretch IT Band • Stretch gastroc/soleus
Neuromuscular Control/Strengthening	• Engage in sport-specific drills • Include plyometrics • Strengthen core • Initiate an interval running program • Conduct functional testing (e.g., hop tests, star test, Y balance)

Functional Tests for Return to Sport

Test	Procedure	Scoring

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Single Hop for Distance	**1.** Place the heel of the subject at the zero mark of a tape measure while wearing athletic shoes. **2.** The subject hops as far as possible, landing on the same leg for at least 3 seconds. **3.** Allow 4 practice hops per leg **4.** Perform 4 trials, recording each distance from the starting point to the back of the heel. **5.** Average the distances for each leg.	• Start with the uninvolved leg • Remove tape marks between trials to avoid visual cues. • A difference greater than 15% between limbs may indicate strength imbalances that need addressing before returning to sport.
Cross-over Hop for Distance	**1.** Set up a 15 cm strip extending 6 meters. **2.** Have the subject align their heel at the zero mark and hop 3 times on one foot, crossing the center line each time. **3.** Record the total distance hopped, allowing 4 practice rounds before recording. **4.** Average the distances for each leg.	• Begin with the uninvolved leg. • Remove tape marks between trials to avoid visual cues. • A greater than 15% difference between limbs suggests possible strength or stability issues that should be addressed before returning to sport.

Note

If the patient fails any test, assess and implement appropriate strengthening, stability, or balance exercises before retesting.