



# Interventions for

## MENISCAL AND ARTICULAR CARTILAGE LESIONS

1

### PROGRESSIVE KNEE MOTION

Clinicians may use **early progressive active and passive knee motion** with patients after knee meniscal and articular cartilage surgery.

2

### PROGRESSIVE WEIGHT BEARING

- a) Clinicians may consider **early progressive weight bearing** in patients with meniscal repairs
- b) Use a **stepwise progression of weight bearing** to reach full weight bearing by 6 to 8 weeks after matrix-supported autologous chondrocyte implantation for articular cartilage lesions

3

### PROGRESSIVE RETURN TO ACTIVITY

- a) Clinicians may utilize early progressive return to activity following knee **meniscal repair surgery**
- b) Clinicians may need to delay return to activity depending on the type of **articular cartilage surgery**

4

### SUPERVISED REHABILITATION

Clinicians should use exercises as part of the in-clinic **supervised rehabilitation program** after arthroscopic meniscectomy and should provide and supervise the progression of a **home-based exercise program**, providing education to ensure independent performance

5

### THERAPEUTIC EXERCISES

Clinicians should provide supervised, progressive **range-of-motion** exercises, **progressive strength training** of the knee and hip muscles, and **neuromuscular training** to patients with knee meniscus tears and articular cartilage lesions and after meniscus or articular cartilage surgery

6

### NEUROMUSCULAR ELECTRICAL STIMULATION/BIOFEEDBACK

Clinicians should provide **neuromuscular stimulation/re-education** to patients following meniscus procedures to increase quadriceps strength, functional performance, and knee function