

Physiotherapy

Supervised physiotherapy after arthroscopic partial meniscectomy: is it effective?

P C Goodwin, M C Morrissey

Much more evidence is required to judge whether supervised physiotherapy is effective after arthroscopic partial meniscectomy

Our recently published finding that a supervised physiotherapy programme plus written and verbal advice after arthroscopic partial meniscectomy surgery is no more effective than written and verbal advice alone¹ has caused much interest and debate.² More recently, public debate has arisen from the study by Frost *et al*,³ reporting in the same vein that routine physiotherapy seems to be no more effective than one session of assessment and advice for low back pain. These results should be applied to clinical practice with caution.

In our work, we evaluated the effectiveness of one method of supervised physiotherapy among an infinite number of programmes that can be used. We found this particular method to not be any more effective than written and verbal advice alone. What we did not find was that supervised physiotherapy is ineffective in this patient population—rather, we found that one method of supervised physiotherapy is ineffective when applied to one group of patients. So, considering our findings and the work of others in this area,^{4–11} what is the take home message in terms of offering supervised physiotherapy after arthroscopic partial meniscectomy surgery? We strongly believe that the most important next step is for clinicians to compare the results they obtain in the care they offer these patients with the results in our study. If clinicians are consistently finding that they are no more effective with their care than that which was found in our study, they should either discontinue this care or modify and re-evaluate. On the other hand, if clinicians are consistently

finding that they are more effective with their care than that which was found in our study, they should fully evaluate this with a randomised controlled trial and report their findings with extra care to describe the treatment programme given.

In reviews of studies that have included a routine supervised treatment programme after arthroscopic partial meniscectomy,^{12–14} a common criticism is that supervised treatment protocols are not sufficiently described, and where they are described, they are so different that they cannot be compared across studies. Where a supervised treatment protocol is included, the alternative, usually written and verbal advice is also insufficiently described. Poorly described protocols do not benefit our understanding of treatments, nor do they assist clinicians in the evaluation of their own practice.

We believe it is still early days in evaluating the effectiveness of supervised physiotherapy after arthroscopic partial meniscectomy. We do not believe that a definitive study in this area exists nor do we expect that one is forthcoming. We believe that it is naïve to expect a definitive study in the near future. Instead, what is needed and what we expect is a series of studies investigating different treatment programmes applied in this patient population. Only after an exhaustive series of studies have been completed can one judge whether supervised physiotherapy is effective after arthroscopic partial meniscectomy.

Br J Sports Med 2005;**39**:692.
doi: 10.1136/bjism.2004.016790

Authors' affiliations

P C Goodwin, Manchester Metropolitan University, Hathersage Road, Manchester M13 0JA, UK

M C Morrissey, King's College London, Shepherds House, Guys Campus, London SE1 1UL, UK

Correspondence to: Dr Morrissey; matt.morrissey@kcl.ac.uk

Accepted 29 March 2005

Competing interests: none declared

REFERENCES

- 1 Goodwin PC, Morrissey MC, Omar RZ, *et al*. Effectiveness of supervised physical therapy in the early period after arthroscopic partial meniscectomy. *Physical Therapy* 2003;**83**:520–35.
- 2 Pua Y, Goodwin PC, Morrissey MC, *et al*. An alternative explanation... Goodwin *et al* titled "Effectiveness of supervised physical therapy in the early period after arthroscopic partial meniscectomy". *Physical Therapy* 2003;**83**:947–8.
- 3 Frost H, Lamb SE, Doll HA, *et al*. Randomised controlled trial of physiotherapy compared with advice for low back pain. *BMJ* 2004;**329**:708.
- 4 Jensen JE, Conn RR, Hazelrigg G, *et al*. The use of transcutaneous neural stimulation and isokinetic testing in arthroscopic knee surgery. *Am J Sports Med* 1985;**13**:27–33.
- 5 Williams RA, Morrissey MC, Brewster CE. The effects of electrical stimulation on quadriceps strength and thigh circumference in meniscal patients. *J Orthop Sports Phys Ther* 1986;**8**:143–6.
- 6 Jaki P, Stull PA, Lynch K, *et al*. Independent home versus supervised rehabilitation following arthroscopic knee surgery: a prospective randomised trial. *Arthroscopy* 1989;**5**:298–305.
- 7 St Pierre DMM, Laforest S, Paradis S, *et al*. Isokinetic rehabilitation after arthroscopic meniscectomy. *Eur J Appl Physiol* 1992;**64**:437–43.
- 8 Birch NC, Sly C, Brooks S, *et al*. Anti-inflammatory drug therapy after arthroscopy of the knee. A prospective, randomised, controlled trial of diclofenac or physiotherapy. *J Bone Joint Surg [Br]* 1993;**75**:650–2.
- 9 Moffet H, Richards CL, Malouin F, *et al*. Early and intensive physiotherapy accelerates recovery postarthroscopic meniscectomy: results of a randomized controlled study. *Arch Phys Med Rehabil* 1994;**75**:415–26.
- 10 Ross MJ, Berger RS. Effects of stress inoculation training on athletes' postsurgical pain and rehabilitation after orthopedic injury. *J Consult Clin Psychol* 1996;**64**:406–10.
- 11 Vervest AM, Maurer CA, Schambergen TG, *et al*. Effectiveness of physiotherapy after meniscectomy. *Knee Surg Sports Traumatol Arthrosc* 1999;**7**:360–4.
- 12 Goodyear-Smith F, Arroll B. Rehabilitation after arthroscopic meniscectomy: a critical review of the clinical trials. *Int Orthop* 2001;**24**:350–3.
- 13 Goodwin PC, Morrissey MC. Physical therapy after arthroscopic partial meniscectomy: is it effective? *Exerc Sport Sci Rev* 2003;**31**:85–90.
- 14 Thomson LC, Handoll HHG, Cunningham A, *et al*. Physiotherapist-led programmes and interventions for rehabilitation of anterior cruciate ligament, medial collateral ligament and meniscal injuries of the knee in adults (Cochrane Review). *Cochrane Library*. Issue 4. Chichester: John Wiley & Sons, Ltd, 2004.