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Meniscus Repair

*If surgery was performed by Dr. VanThiel, please see vanthielmd.com for therapy protocol.

Precautions: WB status varies according to surgical technique. If it is not specified, check with physician.

Goals: Control inflammation/effusion, allow early healing, full passive extension, and independent quad control

Phase I (1 – 5 days post-op)

- Modalities: prn for pain and inflammation (ice/IFC)
- Brace/Gait:
    - Drs. Whitehurst and Ferry: NWB or TTWB unless otherwise prescribed. Brace unlocked 0-90 degrees for 4 weeks
    - Dr. Trenhaile: WBAT. Brace locked in extension for 6 weeks during WB
- ROM: 0-90 degrees by 4 weeks. Do NOT force ROM
- Exercises:
    - Quad sets
    - Hamstring, gastroc, and soleus stretches- NWB
    - Hip abd/add isometrics
    - Avoid active knee flexion (due to semimembranosus insertion to posterior medial meniscus). ONLY passive heel slides

Phase II (5 days – 4 weeks post-op)

- Wound care: Monitor wound site and begin scar management techniques when incision is closed
- Modalities: prn
- Brace/Gait:
    - Drs. Whitehurst and Ferry: NWB or TTWB unless otherwise prescribed. Brace unlocked 0-90 degrees for 4 weeks
    - Dr. Trenhaile: WBAT. Brace locked in extension for 6 weeks during WB
- ROM: 0-90 degrees by 4 weeks. Do NOT force ROM
- Strengthening: Continue Phase I exercises
    - Active heel slides, progressing to prone knee flexion, or standing knee flexion without resistance (caution if posterior medial meniscus repair)
    - SLR x4 directions, beginning in supine, with brace if needed. Brace on when standing
    - SAQ including multi-angle quad sets
    - Ankle resistance with theraband
    - Dr. Trenhaile: Closed chain weight-shifting with brace locked in extension

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Phase III (4 weeks – 10 weeks post-op)

- Brace/Gait:
    - Drs. Whitehurst and Ferry
        - At 4 weeks post-op, progress to FWB with brace open 0-120 degrees
        - At 6 weeks, wean out of brace
    - Dr. Trenhaile
        - Until 6 weeks post-op, WBAT with brace locked in extension
        - At 6 weeks post-op, gradually wean from brace
- ROM: At 4-6 weeks post-op, progress to 0-120 degrees. Do NOT force ROM
- Strengthening: Adhere to WB status (as listed above)
    - Cardiovascular exercise without resistance
        - Stationary cycle or seated recumbent stepper
        - May begin treadmill ambulation when patient is able to demonstrate normal gait pattern
    - Closed chain exercises: Limited knee ROM 0-60 degrees. Keep hip and knee in neutral position
        - Mini squats, wall sits, and leg press
        - Heel raises
        - Step ups
        - Partial lunges
        - Hip and Core strengthening, including 4way hip with resistance
        - Uniplanar balance board
        - Proprioceptive training and single leg balance
        - TKE with theraband
        - Hydrotherapy

Phase IV (10+ weeks post-op)

- Precaution: Post-activity soreness should resolve within 24 hours
- Gait: Independent ambulation without brace or assistive device
- ROM: Full AROM
- Strengthening:
    - Closed chain exercises: Progress squats, lunges, and leg press 0-90 degrees
    - Progress core and hip strengthening/overall endurance training
    - Sport specific training and agility activities
        - Begin with low velocity, single plane activities and progress to higher velocity, multi-plane activities

  - Strength, balance, and control drills related to sport specific movements
  - Treadmill- begin running per physician
- Testing: <25% deficit for non-athlete and <20% deficit for athlete

Adapted From:

1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation 2nd Edition. Philadelphia: Mosby; 2003.
2) Wilk KE, Reinhold MM, Andrews JR. Meniscus Repair Rehabilitation (Complex Tears).Winchester, MA: Advanced Continuing Education Institute, 2004.
3) Northwestern Sports Medicine, Dr. Michael Terry.
4) Rehabilitation Guidelines for Meniscal Repair; University of Wisconsin Sports Medicine, 2010.

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