

REHABILITATION PROTOCOL

Meniscus Repair

Precautions:

- 50% FFWB with Brace Locked in Extension 4 weeks
- ROM 0 to 90 degrees 4 weeks

Goals:

- control inflammation/effusion
- allow early healing
- full passive extension
- independent quad control

Phase I (1 – 5 days post-op)

- Wound care: Remove dressing at 24 hours after surgery. Place Band-aids over portal sites. OK to shower at 24 hours.
- Modalities: prn for pain and swelling (ice, IFC)
- Gait and Brace: FFWB with crutches. Brace locked in 0 degrees extension x4 weeks for all WB and ambulation
- ROM: 0-90 by 4 weeks and progress to 120 by 6 weeks. **Do not force ROM**
- Strengthening:
 - Quad sets
 - Hamstring, gastroc, and soleus stretches NWB
 - Hip abd/add isometrics
 - Avoid active knee flexion (semitendinosus insertion on posterior medial meniscus), heel slides completed passively

Phase II (5 days – 4 weeks post-op)

- Wound care: Monitor wound site and begin scar management techniques when incision is closed. Remove dressing at 24 hours after surgery. Place Band-aids over portal sites. OK to shower. If an incision was made on the side of the knee with an inside out meniscus repair, leave dressings in place for 3 days and keep dry.
- Modalities: continue prn
- Gait and Brace: same as Phase 1. Brace may be removed for all NWB exercises
- ROM: Same as Phase 1
- Strengthening: Continue Phase 1 exercises. Progress to include:
 - Active heel slides progressing to prone knee flexion or standing knee flexion without resistance. (Caution if posterior medial meniscus repair)
 - SLR x 4 directions beginning in supine with brace if needed. Brace on if standing.
 - SAQ including multi-angle quad isometrics
 - BAPS: Begin seated; progress to standing.
 - Ankle resistance with Theraband

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Phase III (1-3 months post-op)

- Gait and Brace:
 - At 4 weeks, progress to FWB with brace set at 0 -120 degrees.
 - Wean out of brace after 6 weeks
 - **In order to advance out of brace, patient must be able to ambulate without a limp. Continue to use crutches if needed to maintain a symmetrical gait pattern**
- ROM: Progress to 0 - 120 degrees by 6 weeks. do not force ROM
- Strengthening:
 - Cardiovascular exercise without resistance: Stationary cycle and/or seated stepper. May begin Treadmill ambulation when patient is able to demonstrate normal gait pattern.
 - Closed-chain exercises: Caution: Limit knee ROM 0-60 degrees. Keep knee & Lower
 - Extremity in neutral hip position.
 - Mini squats
 - Partial wall sits
 - Leg press
 - Step Up exercises
 - Partial lunges
 - 4 way hip with resistance
 - Tilt board balance
 - Proprioceptive training and single leg balance
 - Terminal knee extension with band
 - Hip and core strengthening
 - Pool program

Phase IV (3-4 months post-op)

- Gait: Independent ambulation without knee brace or assistive device
- ROM: Full AROM
- Strengthening: Progress knee ROM as tolerated to full ROM for strengthening activities
 - Closed Chain Exercises: Progress squats and leg press 0 -90 degrees
 - Progress Core, hip and overall endurance training
 - Sport specific Training/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 M.D.