



Meniscal Repair

Precautions:

- Weight bearing status may vary according to surgical technique. If it is not specified on the prescription, check with surgeon.
- Goals: control inflammation/effusion, allow early healing, full passive extension, independent quad control

Phase I (1 – 5 days post-op)

- Modalities: prn for pain and swelling (ice, IFC)
- Gait and Brace: WBAT. Brace locked in 0 degrees extension X6 weeks for all WB and ambulation
- ROM: 0-90 by 4 weeks and progress to 120 by 6 weeks. Do not force ROM
- Strengthening:
 - o Quad sets
 - o Hamstring, gastroc, and soleus stretches NWB
 - o Hip abd/add isometrics
 - o Avoid active knee flexion (semimembranosus 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.
- 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:
 - o Active heel slides progressing to prone knee flexion or standing knee flexion without resistance. (Caution if posterior medial meniscus repair)
 - o SLR x 4 directions beginning in supine with brace if needed. Brace on if standing.
 - o SAQ including mutli-angle quad isometrics
 - o BAPS: Begin seated; progress to standing.
 - o Ankle resistance with Theraband

Phase III (4 – 10 weeks post-op)

- Gait and Brace:
 - o At 4 weeks, progress to FWB with brace set at 0 -120 degrees.
 - o Wean out of brace after 6 weeks
- ROM: Progress to 0 - 120 degrees by 6 weeks. do not force ROM
- Strengthening: Depending on WB status per MD (see above)
 - o Cardiovascular exercise without resistance: Stationary cycle and/or seated stepper. May begin Treadmill ambulation when patient is able to demonstrate normal gait pattern.
 - o Closed-chain exercises: Caution: Limit knee ROM 0-60 degrees. Keep knee & Lower Extremity in neutral hip position.
 - Mini squats
 - Partial wall sits

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- Leg press
- Heel raises
- 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 (10+ weeks post-op)

- Gait: Independent ambulation without knee brace or assistive device
- ROM: Full AROM
- Strengthening: Progress knee ROM 0-90 degrees for strengthening activities
 - o Closed Chain Exercises: Progress squats and leg press 0 -90 degrees
 - o Progress Core, hip and overall endurance training
 - o 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
 - o Treadmill: Begin running, per M.D.
- Testing: final functional tests less than 25% deficit for non-athletes, less than 20% deficit for athletes

Adapted from:

- 1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation. 2nd Ed. 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