



Meniscus Repair

General Principles:

This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

PHASE I: (Immediate)

Week 1

Orthotics-

1. Elastic bandage at all times for Day 1 and 2, then only as needed for swelling
2. Knee brace should be worn, locked in full extension, at all times except for exercises

Weight Bearing-

1. Toe touch weight bearing with 2 crutches or walker

Modalities (PRN)-

1. Ice, compression, and elevation as needed
2. Electrical stimulation for pain or muscle re-education
3. Ice for 20 minutes following exercises throughout the protocol

ROM-

1. Progress active and passive ROM from 0 to 90°

Exercises-

1. Quad sets / Hamstring Sets
2. Ankle Pumps
3. Calf, Hamstring, Prone Hangs, and Knee extension stretching
4. May start Heel Slides / Wall Slides for full ROM as tolerated
 - a. Assist with un-involved leg if needed to improve ROM
5. Straight Leg Raises
 - a. All planes
 - b. Add resistance as tolerated

PHASE II (Intermediate)

Week 2 – 4

Orthotics-

1. Knee brace should be worn at all times
2. Brace may be unlocked, except during ambulation,

Weight Bearing-

1. 25% Weight Bearing

Modalities (PRN)-

1. Continue Phase I modalities as needed



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ROM-

1. Active and Passive ROM from 0 to 90°

Exercises-

1. Continue Phase I exercises
2. Stationary Bike, NU-Step
 - a. No resistance at first, progress resistance as tolerated
3. Open Chain strengthening for Quads and Hamstrings
 - a. Start with no resistance, from 0 to 90° only
 - b. May progress to resisted open chain exercises at **Week 3**
4. Multi-Hip machine / Standing Hip strengthening
5. Shuttle / Leg Press at **Week 3**
 - a. Bilateral only
 - b. Resistance must stay within weight bearing restriction
6. Aquatic exercises
 - a. See Aquatic protocol.
 - b. Cycling, flutter kicks, walking laps, etc

PHASE III (Strengthening)

Week 5 – 10

Orthotics-

1. May discontinue use of knee brace

Weight Bearing-

1. Progress to Full weight bearing as tolerated with normal gait

Modalities (PRN)-

1. Continue only as needed

ROM-

1. Progress to full Active and Passive ROM as tolerated

Exercises-

1. Continue Phase II exercises
2. Elliptical runner
3. Initiate closed chain strengthening activities as weight bearing allows
 - a. Step Ups, Lunges, Mini-Squats
4. Progress resistance on Hamstring and Quad Isotonics as tolerated
 - a. May progress to resistance weight machines
5. Standing balance / proprioception activities
6. Isokinetics
 - a. Full-arc
 - b. 180 to 300 degrees per second



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PHASE IV (Advanced Strengthening)

Week 11 - 15

Exercises-

1. Continue Phase III exercises
2. Straight ahead jogging
3. May initiate jumping, plyometrics, and functional sport/work activities
 - a. Interval Running and Interval Golf programs
4. Progress to Bounding on the Shuttle
5. Progress to aggressive open and closed chain strengthening

Week 16+

Exercises-

1. Progress intensity of functional exercises
2. Progress to full speed cutting and agility drills
3. Isokinetic Test at 180, 240, and 300 degrees/second for MD review. General goal for full release to sport activity is 85% strength compared to uninvolved limb.