



Meniscus Repair Rehabilitation Protocol

Phase 1 (0-6 weeks post-op)

Rehabilitation Goals

- Protect the surgical repair
- ROM: 0°- 90° or as dictated by type of repair
- Regain adequate quadriceps control; no extensor lag
- Minimize pain and swelling

PRECAUTIONS

- Wear brace **AT ALL TIMES** (even when sleeping)
- **NO FLEXING** knee with load applied (i.e. squat or leg press)

NOTE: bending knee and PWB are allowed, but NOT at the same time

Crutches

- Weight Bearing:
 - Begin as foot flat, NWB
 - Progress gradually only when wearing brace locked at 0°
- Repair of radial, complex, and meniscal root tears:
 - Weeks 1-6: NWB to foot flat WB only
 - NOTE: may need to modify based on surgical report
- Repair of bucket-handle, vertical, and longitudinal tears:
 - Weeks 1-2: PWB @ 0-25% body weight (progress as tolerated with knee locked in extension)
 - Weeks 3-4: PWB @ 25-50% body weight
 - Weeks 5-6: PWB @ 50-75% body weight

Cryotherapy:

Cold with compression/elevation (ice with compression wrap)

Rehabilitation

- Begin scar massage after incision has healed and scar is formed
- Begin patellar mobilizations after suture/staple removal

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Meniscus Repair Rehabilitation Protocol

Weeks 1-2

- Calf pumps with theraband
- Assisted heel slides within the limits of 0°-90°
- Quad sets (use e-stim until patient is able to do 10 SLRs without extension lag)
- Supine passive extension with towel under heel
- Gentle HS and calf stretching
- Hip/glute muscle endurance exercises

Weeks 2-4

- Continue progressing exercises from Weeks 1-2 as appropriate
- Short arc quads; add light weights as tolerated
- Seated ankle ROM and proprioceptive training
- Gait training progression as needed
- UBE

Weeks 5-6

- Leg press 0°- 60° (NOTE: when ROM > 85°)
- Hip extension endurance exercises
- Stationary bike 0-100° knee ROM
- Beginner level pool exercises when incisions are fully healed; primarily in the sagittal plane (i.e. no breaststroke or whip kick motion)
Only gait training and deep water jogging

Follow up

- Supervised rehab: 2-3x per week
- PT re-eval: every 1-2 weeks
- Ortho re-eval: ~7-10 days and 6 weeks



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Meniscus Repair Rehabilitation Protocol

Phase 2 (Generally 7-12 weeks post-op)

Rehabilitation Goals

- Normal gait and stair ambulation
- Full knee ROM

PRECAUTIONS

Sport-specific training initiated when quadriceps strength is at least 80% of uninvolved limb

Crutches

Progress gradually to FWB by 6 weeks

Brace

D/C brace if there is adequate quad strength and ROM

Rehabilitation

- Continue Phase 1 exercises as needed
- Progress to the following exercises and increase intensity gradually when patient is ready (i.e. no increase in knee pain or effusion since the previous exercise session)

NOTE: all resisted exercises should start with low weights, high reps, and in a ROM with minimal pain

Weeks 7-8

- Stationary bike for conditioning
Begin with 5-10 minutes and progress gradually
- Gait training
Cone walking, marching, retro-walking, exercise band, etc.
- General LE stretching
Calf, HS, quads, hip flexors, and hip adductors
- Begin light elliptical/stair master when gait is normalized
- Progressive LE strengthening (i.e. calf press, leg press, squats 0°- 60°, and HS curls). **NOTE:** Emphasis is placed on knee extension strength.

Weeks 9-10

- Progressive neuromuscular training
Body blade, plyoball, rebounder, platform training, etc.
Progress in duration and intensity
DL to SL
- Progressive strengthening with light resistance
Calf press, leg press, squats (progress in depth), hip abd/add, HS curls, etc.

Weeks 11-12

- Gradual progression of stationary bike, elliptical, and/or stairmaster for conditioning
- Progressive pool program as tolerated

Follow up

- Supervised rehab: 2-3x per week
- PT re-eval: monthly
- Ortho re-eval: ~12 weeks post-op



Meniscus Repair Rehabilitation Protocol

Phase 3(3-6 months post-op)

Rehabilitation Goals

- Jog at own pace and distance without pain
- $\geq 90\%$ isokinetic quad and HS strength compared to the uninvolved limb
- $\geq 90\%$ SL hop for distance and crossover hop test compared to the uninvolved limb
- Meet occupational requirements at 4-6 months

PRECAUTIONS

NO PARTICIPATION in contact sports or physically demanding military schools until cleared by Ortho

Brace

None

Rehabilitation

- Continue Phase 2 exercises as needed
- Progress to the following exercises and increase intensity gradually when patient is ready (i.e. no increase in knee pain or effusion since the previous exercise session)

Weeks 13-16

- Stationary bike for conditioning
Begin with 5-10 minutes and progress gradually
- Gait training
Cone walking, marching, retro-walking, exercise band, etc.
- General LE stretching
Calf, HS, quads, hip flexors, and hip adductors
- Begin light elliptical/stair master when gait is normalized
- Progressive LE strengthening (i.e. calf press, leg press, squats 0° - 60° , and HS curls). **NOTE:** Emphasis is placed on knee extension strength.

Follow up

- Supervised rehab: 1-2x per week
- PT re-eval: monthly
- Ortho re-eval: ~6 months post-op

Weeks 17-26

- Progressive neuromuscular training
Body blade, plyoball, rebounder, platform training, etc.
Progress in duration and intensity
DL to SL
- Progressive strengthening with light resistance
Calf press, leg press, squats (progress in depth), hip abd/add, HS curls, etc.

Discharge Goals

- Hop test and Y-balance limb symmetry $> 90\%$
- Isokinetic testing limb symmetry $> 85\%$
- Mitigate future injury risk

Miscellaneous

- After 6 months post-op, Phase 3 exercises are continued and gradually increased in intensity and duration as tolerated
- Progress activities for return to sport/collision sports based on the patient's functional performance and endurance. This time period will be directed by the Ortho Surgeon and the Physical Therapist. This may require between 6-9 months before cleared without restrictions.

