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Meniscus Repair Rehabilitation

This rehabilitation protocol was developed for patients who have isolated meniscal repairs. Meniscal repairs located in the vascular zones of the periphery or outer third of the meniscus are progressed more rapidly than those repairs that are more complex and located in that avascular zone of the meniscus. Dependent upon the location of the repair, weight bearing status post-operatively as well as the intensity and time frame of initiation of functional activities will vary. The protocol is divided into phases. Each phase is adaptable based on the individual patients and special circumstances.

The **overall goals** of the repair and rehabilitation are to:

- Control pain, swelling, and hemarthrosis
- Regain normal knee range of motion
- Regain a normal gait pattern and neuromuscular stability for ambulation
- Regain normal lower extremity strength
- Regain normal proprioception, balance, and coordination for daily activities
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy should be initiated within 3 to 5 days post-op. It is extremely important for the supervised rehabilitation to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility. **Important post-op** signs to monitor:

- Swelling of the knee or surrounding soft tissue
- Abnormal pain response, hypersensitive
- Abnormal gait pattern, with or without assistive device
- Limited range of motion
- Weakness in the lower extremity musculature (quadriceps, hamstring)
- Insufficient lower extremity flexibility

Return to activity requires both time and clinic evaluation. To safely and most efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Isokinetic testing and functional evaluation are both methods of evaluating a patient's readiness to return to activity. Return to intense activities such as impact loading, jogging, deep knee flexion, or pivoting and shifting early post-operatively may increase the overall chance of a repeat meniscal tear and symptoms of pain, swelling, or instability should be closely monitored by the patient.

	Weight Bearing	Brace	ROM	Therapeutic Exercise	Recommended Restrictions
Phase I 0-6 Weeks	WBAT with crutches unless specified	Lock in extension when ambulating Remove for exercise	Limit flexion to 90	Quad sets, SLR, SAQ, patellar mobs, heel slides Wall slides & partial squats to 45 at wk 4	No flexion beyond 90 Avoid pivoting
Phase II 6-12 Weeks	FWB	Discontinued	Full active ROM	Continue Phase I Step up-down Wall Slides & partial squats to 90 Stationary bike	Avoid PF overload Avoid pivoting Avoid squat past 90
Phase III 12-16 Weeks	FWB	None	Full	Return to weight training Single leg strengthening Jogging	Avoid pivoting
Phase IV 16-20 Weeks	FWB	None	Full	Progressive jog to run Plyometrics Sport specific drills	Progress to full activity as tolerated

May be released to full activity after 5 months if appropriate.