



HUGHSTON
CLINIC

ORTHOPAEDICS

REHABILITATION GUIDELINES AFTER MENISCAL REPAIR

Vonda J. Wright, MD

6775 Chopra Terrace, Orlando, FL 32827

Ph: (407) 965-4114

Fax: (833) 408-2573

The intent of this protocol is to provide the therapist with guidelines of the post-operative rehabilitation course after a meniscal repair. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.

INDIVIDUAL CONSIDERATIONS:

PHASE I (0-4 weeks)

Goals

- Control inflammation and pain
- Full active extension and 90 degrees of flexion
- Achieve quadriceps control

Brace

- Locked in extension for 4 weeks for ambulation
- May remove for sleep after one week
- May remove for exercises

Weight-Bearing Status

- Non-Weight Bearing with crutches and brace locked in extension

Therapeutic Exercises

- Straight leg raises in all planes (use brace locked in extension initially until quad strength is good enough to prevent an extension lag)
- Heel slides to <90 degrees of flexion, calf pumps, quadriceps sets
- Electrical stimulation
- Patellar mobilization
- Balancing activities on a stable platform with brace locked in extension, eyes open and closed

PHASE II (4- 8 weeks)

Criteria

- Good quad set, straight leg raise without extension lag
- 90 degrees of knee flexion
- Full extension

Goals

- Restore normal gait
- Restore full range of motion

Brace/Weight-bearing status

- Full weight bearing with brace unlocked
- Discontinue brace when normal gait pattern/quadriceps control is achieved

Therapeutic Exercises

- Mini-squats (0-45 degrees)
- Stationary Bike (high seat, low tension)
- Prone leg hangs
- Closed chain extension (leg press:0-45 degrees)
- Pool walking/jogging
- Toe raises
- Hamstring and gastroc/soleus stretches
- StairMaster
- *Proprioception*
 - Mini-tramp standing
 - Unstable platform (BAPS) with eyes open and closed
 - Standing ball throwing and catching

PHASE III (8-12 weeks)

Criteria

- Normal gait
- Full range of motion
- Sufficient strength and proprioception to initiate functional activities

Goals

- Improve confidence in the knee
- Progress with strength, power, and proprioception

Therapeutic Exercise

- Continue with flexibility exercises
- Advance closed chain kinetic strengthening (two-leg squats to <90 degrees, leg press 0-60 degrees)
- Avoid single-leg squats
- StairMaster, elliptical trainer, cross-country ski machine
- *Functional Training (6-12 weeks)*
 - Running
 - Straight ahead jogging, progress to running
 - Swimming
 - Avoid frog kick
 - Plyometrics

- Stair jogging
- Box jumps (6 to 12-inch heights)
- Proprioception
 - Mini-tramp bouncing
 - Lateral slide board
 - Ball throwing and catching on unstable surface

PHASE IV (3 months+)

Criteria

- Full, pain-free range of motion
- No patellofemoral irritation
- Sufficient strength and proprioception to progress to recreational activities

Goals

- Return to unrestricted activity by 4 months

Therapeutic Exercises

- Progress with flexibility and strengthening program
- Continue running
- Incorporate cutting drills into agility training
- Advance heights with plyometric conditioning
- Sports specific drills (start a 25% on speed and advance as tolerated)

Criteria for Return to Sports

- Full range of motion
- No effusion
- 90% hamstring and quadriceps strength compared to contralateral side