O·S·M·S
ORTHOPEDIC & SPORTS MEDICINE SPECIALISTS

Green Bay • Fox Valley • Marinette

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Physical Therapy Protocol: Meniscal Repair

Philosophy:
The meniscal repair protocol uses brace protection for early phase recovery, followed by gradual restoration of function. The healing of this tissue is delicate and yet very critical for long-term knee function. The goal is to maintain flexibility, function, cartilage integrity and to avoid future knee surgeries. As the strength and agility returns, the patient may go back to doing what they enjoy. Even when the formal rehabilitation program comes to an end, keeping the knee strong and stable takes a lifelong commitment. It may take 6 months or more of steady exercise to regain the full use of the knee.

Phase I, Post-Op 0-6 Weeks

OSMS appointments:
MD visit at 2 weeks and 6 weeks
Physical therapy will begin as directed by your physician and as indicated on your physical therapy order

Rehabilitation Goals:
Non-weight-bearing in locked brace in extension for 2 weeks
Reduce swelling using cryocuff and compression
Restore quadriceps activation

Precautions:
Non-weight bearing for two weeks
Progress to WBAT with immobilizer locked in extension and bilateral crutches
No loaded knee flexion
No PROM past 90º
No resisted hamstring strengthening

Range-of-Motion Exercises:
0-90º only

Suggested Therapeutic Exercises:
PROM/AAROM
Quad sets and prone TKE
Clam shells, probe knee hangs, 4-way SLRs, ankle TheraBand
Calf stretching and gentle knee mobilizations
Patellar mobilization 5-10 minutes a day

Progression Criteria:

Patient may progress to phase II after 3 weeks if they have 0-90º and zero to trace effusion

Phase II, (after Phase I criteria met, usually 6-10 weeks)

OSMS appointments:
MD appointment at 6 weeks
Physical therapy appointments remain every 5-7 days
Rehabilitation Goals:
Normalize gait mechanics
Gradually restore knee ROM
Precautions:
Avoid forceful knee flexion if this produces posterior knee pain
Avoid rotational movements on a planted foot
Brace will be discontinued when cleared by surgeon
Range-of-Motion Exercises:
0-140º, progressing as tolerated
Suggested Therapeutic Exercises:
Weeks 6-8: progress loaded knee flexion (45º-60º), mini squats, modified leg press (double & single), forward and lateral 4-inch step-ups, DL bridges, mini-lunges, fore hydrants, balance and proprioception training, plank holds, standing TKE, upright bike with low resistance.
Weeks 8-10: progress loaded knee flexion to 75º, initiate isolated hamstring strengthening, progress LE core, allow 6 and 8-inch step-ups, step-downs, and side-steps, monster walks, single leg bridge holds, wobble board squats, upright bike with increasing resistance
Progression Criteria:
Patient may progress to phase II after 10 weeks if they have normal gait mechanics, knee PROM at least to 120º and zero reactive effusion.

Phase III, (after Phase II criteria met, usually 10-16 weeks)

OSMS appointments:
MD appointment at 12 weeks
Physical therapy appointments every 5-7 days, and progresses to home program

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Rehabilitation Goals:
Improve functional strength and dynamic control
Precautions:
Avoid post-activity swelling
Suggested Therapeutic Exercises:
Weeks 10-12: progress to 6 day/week program with strengthening & cardiovascular, initiate plyometric program progressing from bilateral to single leg, initiate a walk/jog program
Weeks 12-16: Progress plyometric program from straight-plane to diagonal/rotational exercise, continue with jogging progression
Cardiovascular Exercises:
Jogging progression
Progressive plyometrics
Progression Criteria:
Full knee ROM, demonstrate 8-inch step-downs with proper mechanics, 80% limb symmetry with hop testing, no pain/reactive swelling with plyometric or jogging exercise

Phase IV, (after phase III criteria met, usually 20+ weeks)

Rehabilitation Goals:
Begin a forward running program
Emphasis on quadriceps, hamstring, and trunk dynamic stability
Initiate agility drills and cutting activities.
Continue LE strengthening, flexibility, proprioceptive and agility programs
Advance agility and sport-specific programming
Maintenance exercise program