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

Green Bay • Fox Valley • Marinette

2223 Lime Kiln Road, Green Bay, WI 54311 • Phone: 920-430-8113 • Fax: 920-430-8124

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Physical Therapy Protocol: Meniscal Root Repair

Philosophy:
Meniscal root injury is critical to repair because it's an attempt to restore normal anatomy and absorb "hoop stress" within the knee joint. The failure to repair this injury can lead to meniscal extrusion and subsequent premature articular cartilage wear. The repair can be difficult to accomplish surgically, and therefore a commitment to non-weight bearing is necessary to achieve a desirable outcome. A strong, pain-free knee with functional range-of-motion only comes about through an anatomic reconstruction of the torn meniscus with careful physical therapy performed with the therapist and at home.

Phase I, surgery to 4 weeks

OSMS appointments:
Medical appointments at 2 weeks, with films to assess tunnels/implanted hardware
Physical therapy will begin as directed by your physician and as indicated on your physical therapy order

Rehabilitation Goals:
Protection of the repaired meniscus
Reduce swelling
Control pain

Precautions:
Brace locked in extension for sleeping x 2 weeks
TDWB in brace, full extension AND with crutches x 4 weeks

Range-of-Motion Exercises:
A/PROM 0-90 only

Suggested Therapeutic Exercises:
Quadriceps sets (SLRs with brace on for hip strength)
Heel slides, patellar mobilization

Cardiovascular Exercises:
Upper body circuit training or upper body ergometer

Progression Criteria:
Patient may progress to phase II after 6 weeks if they have safe gait with brace
Trace effusion
0-90 Range of motion

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Phase II, (after Phase I criteria met, usually at 4-8 weeks)

OSMS appointments:
Medical appointments at 6 weeks
Physical therapy appointments continue at once or twice weekly

Rehabilitation Goals:
Advance to full WBAT, but no weight-bearing with knee flexion past 90
May unlock the brace
Progress with ROM until full
Good quadriceps control
Improve hip & core strength, balance & proprioception
After 6 weeks, ok to DC brace and DC crutches if gait is normalized with good quad control
After 6 weeks, ok to begin wall sits at 90

Precautions:
Avoid post-activity swelling
No resisted hamstring strengthening
Avoid any weight-bearing while knee flexion is past 90 for the first 6 weeks

Range-of-Motion Exercises:
No PROM >90

Suggested Therapeutic Exercises:
Gait drills
Functional single plane closed chain movements
Balance and proprioceptive exercise

Cardiovascular Exercises:
Upper body circuit training or upper body ergometer
Water walking
Stationary bike
Versaclimber/NordicTrack

Progression Criteria:
Patient may progress to phase III after 4 weeks if they have knee PROM 0-120
Normal gait on level surfaces
Good leg control without extensor lag, pain or apprehension
Single leg balance with 30 flexion greater than 20 seconds

Phase III, (after Phase II criteria met, usually after 8+ weeks)

OSMS appointments:
Medical appointment at 12 weeks
Physical therapy appointments fade to every 10-14 days until cleared

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Rehabilitation Goals:
Good eccentric and concentric neuromuscular control
Multiplane limb control
Precautions:
Heat before exercise, ice after
WBAT without the brace is allowed
Suggested Therapeutic Exercises:
Progress with closed chain exercise
Lunges from 0-90
Leg presses 0-90
Proprioceptive exercises
Begin stationary bike
Hip and core strengthening
Progression Criteria:
After 12 weeks, ok to begin single leg strengthening
After 12 weeks, ok to begin jogging and progress to running
Sport specific exercises
Return to sport is MD directed, generally >16 weeks