

## 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 90°
- No resisted hamstring strengthening

#### Range-of-Motion Exercises:

- 0-90° 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



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**Progression Criteria:**

- Patient may progress to phase II after 3 weeks if they have 0-90° 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:**

- 0-140°, progressing as tolerated

**Suggested Therapeutic Exercises:**

- Weeks 6-8: progress loaded knee flexion (45°-60°), 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 75°, 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 120° and zero reactive effusion.



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### ***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

#### **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