O·S·M·S
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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

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

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