

Meniscus Repair Protocol

Phase I (1-6 weeks)

Goals of Phase I:

Decrease pain and edema to allow healing.
Gain good VMO activation.
AROM 0-90 degrees.
Perform SLR with full knee extension.
Ambulate without crutches or brace at end of 6 weeks.

Treatment:

Gentle pain free ROM out of brace.
Patellar mobilization
Isometrics
Progress to closed chain exercises depending on WB status
Beginning proprioceptive exercises(wt shift, trampoline, balance board)
Pool exercise (not swimming)

4 way hip

Modalities: ice, E-stim, US for pain and inflammation

NMES for muscle re-education.

Gait training

Restrictions:

MD to specify WB status. (may be WBAT for peripheral repairs, NWB for complex repairs)

Knee immobilized in extension for ambulation for 4-6 weeks.

Limit ROM to 0-90 degrees for first 4 weeks.

No hamstring strengthening for 6 weeks.

No stationary bike for 6 weeks.

Phase II: (6-10 weeks)

Goals of Phase II:

AROM 0-135 degrees

Normalize gait.

Able to go up and down stairs without pain.

Treatment:

PROM-->AROM

Patellar mobilization

Balance/ proprioceptive exercises

Closed chain exercises (leg press, steps, lunges, calf raises)
Hip and ankle strengthening as appropriate.
Begin hamstring strengthening
Stationary bike/ elliptical/ treadmill walking
Modalities: ice, E-stim , US as appropriate
Gait training

Restrictions:

WBAT
D/C brace per MD orders
D/C crutches when gait normalized per PT
No deep squats

Phase III: (11-24 weeks)

Goals of Phase III:

Full AROM
Full squat without pain.
Single leg triple hop distance 90% of good leg.

Treatment:

ROM and strengthening as appropriate.
Focus on sports specific training, running, agility.
Plyometrics
Balance/ proprioceptive exercises

Restrictions:

Begin swimming at 11 weeks
Begin straight running at 4 months.
Begin cutting/lateral drills at 5 months.
Return to sports at 5-6 months with approval of MD.