

## ***Isolated Meniscus Repair Post-Op Rehab Protocol***

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#### **Precautions**

- Meniscal tissue is slow to heal and requires protection. It is very difficult to re-repair the meniscus
- No direct pressure to surgical portals for 4 weeks
- If pain or swelling increases at any stage, decrease activity until resolved
- No squatting below 90 degrees or resisted lateral movement x 3 months
- No active hamstring curls against gravity x 3 months

#### **Phase I: 0-6 weeks**

##### **Brace**

- Must wear locked at 0<sup>0</sup> when sleeping to prevent hamstring contraction
- Brace locked in full extension with weight bearing; unlocked 0-90<sup>0</sup> when non-weight bearing and awake
- May remove brace for sleeping after sutures removed (10-14 days post op)

##### **Weight bearing status**

- 0 to 2 weeks: Partial weight bearing with crutches with brace locked
- 2 to 6 weeks: Weight bearing as tolerated with brace locked (crutches optional). Avoid pivoting on knee

##### **Exercises**

- Passive knee ROM exercises twice a day
    - Extension – Goal is full extension by 2 weeks
      - Passive extension – sit in a chair and place your heel on the edge of a stool or chair; relax thigh muscles and let the knee sag under its own weight until maximum extension is achieved.
      - Supine heel props – place rolled up towel under the heel and allow leg to relax
      - Prone hangs – lie face down on a table/bed with the legs hanging off the edge of the table; allow the leg to sag into full extension.
    - Flexion - 0 to 90 degrees only
      - Wall slides – Lie on your back with the involved foot on the wall and allow the foot to slide down the wall by bending the knee; use other leg to apply pressure downward.
      - Heel slides – Use your good leg or strap to pull the involved heel toward the buttocks, flexing the knee. Hold for 10 seconds; straighten the leg by sliding the heel back to straighten the knee
  - Quadriceps sets in full extension (tighten the thigh muscle)
  - Straight leg raises (supine - with brace locked in extension until good quad control/no extensor lag)
  - Patella mobilization
  - Hip abduction, adduction strengthening
  - Standing Heel/Toe Raises
  - Upper body ergometer for conditioning
  - No stationary biking
  - No active hamstring exercises (semimembranosus attaches to posterior medial meniscus)
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### **Phase II: Weeks 6 – 12**

#### **Brace**

- Unlock brace for ambulation initially; discontinue when adequate quad control; may continue brace as needed during strenuous exercise. Very important to protect against deep squatting and twisting/pivoting

#### **Weight bearing status**

- Weight bearing as tolerated with brace unlocked from 0-90 (no squatting past 90)

#### **Exercises**

- Work towards full active knee ROM
  - Stationary bicycling – begin with no resistance with high seat; gradually increase resistance as tolerated
  - Treadmill walking / elliptical trainer (slow speed, no incline) – begin with 5-10 minute duration
  - Open and closed chain strengthening exercises as appropriate
  - Balance/proprioceptive exercises
  - Elastic resistance cord exercises
  - Pool running or Alter-G if available after 10 weeks
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### **Phase III: Weeks 12-16**

#### **Exercises**

- Continue above exercises, add progressive resistance and deeper knee flexion without pain
  - Avoid post-activity swelling or soreness
  - Begin light jogging program if pain free/no swelling – begin on treadmill or soft track; start with 1 minute jogging/ 4 minute walking intervals; increase running by 1 minute/week (with decrease in walking interval) with goal of 20 minutes of continuous running after 4 weeks
  - Add lateral training (side step-ups, lateral stepping)
  - Balance training on wobble board/BOSU
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### **Phase IV: Weeks 16 – 24**

#### **Exercises**

- Continue to increase lower extremity strength and endurance; work on balance and core exercises
- Advance running program as pain and function allows
- Add plyometric, agility and sport specific training but remain low impact
- Progress agility and plyometric training

### **Phase V: Weeks 24+**

#### **Exercises**

- Slow return to sports that involve contact, cutting, pivoting or jumping
  - Athletes must pass single/triple hop test to return to sport; contact sports may take 6 months
- Full activities if pain free running, full ROM, no swelling or tenderness
- Remember all progressions are approximations and should be used as guidelines