

Isolated Meniscus Repair Post-Op Rehab Protocol

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° when sleeping to prevent hamstring contraction
- Brace locked in full extension with weight bearing; unlocked 0-90° 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)

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

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

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