This rehabilitation program is designed to return the individual to their full activities as quickly and safely as possible, following a meniscus repair. Modifications to this guideline may be necessary dependent on physician specific instruction or other procedures performed. This evidence-based meniscus repair guideline is criterion-based; time frames and visits in each phase will vary depending on many factors. The therapist may modify the program appropriately depending on the individual’s goals for activity following a meniscus repair.

This guideline is intended to provide the treating clinician a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient’s post-operative care based on exam/treatment findings, individual progress, and/or the presence of concomitant procedures or post-operative complications. If the clinician should have questions regarding post-operative progression, they should contact the referring physician.

**Precautions:**

* Progression will depend on location, size and stability of repair, also age of patient and joint integrity.
* weight -bearing:
	+ TTWB x 6 weeks
	+ WBAT after 6 weeks
* No isolated hamstring strengthening for 6 weeks
* Bracing or immobilization as directed by MD

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| --- | --- | --- |
| **Phase** | **Suggested Interventions** | **Goals/Milestones for Progression** |
| Preoperative: | PT for manual therapy to improve ROM, therapeutic exercises to improve functional strength, modalities to control pain and inflammation, educate patient on upcoming surgery and beginning post-op exercises. | Instruct items as needed to address current deficit. |
| **Phase I** *Date of Surgery –**6 Weeks* | *Therapy:*Outpatient:*First 2 weeks** Ice and modalities
* Passive and AAROM 0-90 degrees – no active knee flexion, no biking
* Patellar mobilization
* Isometric quad and SLR
* Gait training
* Quad sets (with NMES if needed)
* SLR 4 directions

*Weeks 3-6** Progress to AROM
* Clamshells
* Closed chain exercise depending on wt-bearing status
* Beginning proprioception ex- wt shifting, tramp, balance board
* Mini squats
* Trunk/core stabilization
 | *Goals of Phase:*1. decrease pain and swelling
2. PROM from full knee extension equal to opposite knee to 90 degrees flexion by week 2
3. AROM 0-90 degrees by week 6
4. Good VMO activation, SLR with full knee extension

*Criteria to Advance to Next Phase:*1. Ambulate without assistive device with minimal deviations
2. Reduce post-op swelling and inflammation to no/trace effusion
3. Active SLR without extensor lag
 |
| **Phase II***Weeks 6-10* | *Therapy:** Weight-bearing advancement as tolerated
* Stationary bike, elliptical, treadmill
* Light resisted open chain knee extension (SAQ)
* Closed chain exercises (0-60 degrees): mini squats (not deep), forward and lateral step ups (4-6 inches), leg press, lunges, calf raises, wall squats
* Light resisted hamstring curls
* Initiate planks for core strength/stabilization
* Level ground walking
 | *Goals of Phase:*1. AROM 0-135 degrees
2. Ambulate without crutches or brace with normal gait
3. Ambulate up/down stairs pain free.
4. Improve strength and endurance
5. Normal single leg stance without valgus or hip medial rotation
 |
| **Phase III***Weeks 11 – 16* | *Therapy:*Progress closed- and open-chained quad strengthening (0-90 degrees) as appropriate pending procedure/MD.* Squat progressions (rocker, BOSU)
* Lateral dips and forward lunges
* Forward step-downs
* Heel raises

Low-impact conditioning up to week 12 (walking, elliptical)Low grade/level ground plyometrics at week 12Straight line running progressing ½ speed to ¾ speed at week 12 | *Goals of Phase:* 1. Full AROM
2. Pain-free ADLs with normal gait
3. Normal gluteal/hip strength
4. Quad strength 80% of contralateral limb
 |
| **Phase IV***Months 4-6* | *Therapy:*Progress strengthening programAdd sport-specific training, running, agility, plyometrics (as cleared by MD)Low-grade, level ground plyometrics* Double limb jump (around 4 months)
* Single leg hop/deceleration
* Initiate cutting
* Agility (ladder, cones) and sport-specific

Pt should demonstrate proper shock absorption and control of dynamic valgus stress at knee with all activities. | *Goals of Phase:* 1. Return to full activity
2. Quads and gluteals within 10% contralateral limb
3. No pain/instability with sport-specific skills

*Criteria to Return to Play:*1. Goals met
2. Physician clearance.
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