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.

\*May consider accelerated WB progression:

-First 2 weeks: 25-50% WB as tolerated (for peripheral tears; TTWB for complex tears

- Week 3-4: 50-75%

- Week 5-6: FWB by end of week 6

**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*  ROM guidelines:  -gradually increase PROM  -Week 2: 0-105/110  -Week 3: 0-115/120  -Week 4: 0-125/135 | *Therapy: Avoid: twisting, deep squatting, stooping, and active hamstring curls*  Outpatient:  *First 2 weeks*   * Ice and modalities * Passive and AAROM 0-90 degrees – no active knee flexion, no biking * Patellar mobilization * Gait training * Quad sets (with NMES if needed) * SLR 4 directions * Hamstring and calf stretches   *Weeks 3-6*   * Progress to AROM (0-90 degrees) * Clamshells * Closed chain exercise depending on wt-bearing status * Beginning proprioception ex- wt shifting, tramp, balance board * Mini squats (0-45 degrees) * Trunk/core stabilization * Multi angle quad isometrics * Week 5-6: If patient tolerated accelerated WB progression, then they may begin dynamic balance training such as cup walking * Closed kinetic chain Wall squats | *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: (avoid: twisting, pivoting, running, and deep squatting)*   * 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 * Balance: cup walking, squats on rocker board/BOSU * Pool program | *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 12  Straight line running progressing ½ speed to ¾ speed at week 12  Continue progressing balance training and isotonic strengthening program.  End of stage: Nordic hamstring curls | *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 program  Add 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 and pivoting (4-5 months) * Agility (ladder, cones) and sport-specific * Deep squatting permitted at 4 months   \*Above activities may be delayed to 5-7 months with complex tears. With estimated RTS at 6 months for peripheral tears and approximately 7-8 months for complex tears.  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. 3. Pass LE return to sport/discharge criteria |