

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

***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

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 <i>Date of Surgery – 6 Weeks</i>	<i>Therapy: Avoid: twisting, deep squatting, stooping, and active hamstring curls</i> Outpatient: <i>First 2 weeks</i> <ul style="list-style-type: none"> • Ice and modalities • Passive and AAROM 0-90 degrees – no active knee flexion, no biking 	<i>Goals of Phase:</i> <ol style="list-style-type: none"> 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

<p>ROM guidelines:</p> <p>-gradually increase PROM</p> <p>-Week 2: 0-105/110</p> <p>-Week 3: 0-115/120</p> <p>-Week 4: 0-125/135</p>	<ul style="list-style-type: none"> • Patellar mobilization • Gait training • Quad sets (with NMES if needed) • SLR 4 directions • Hamstring and calf stretches <p>Weeks 3-6</p> <ul style="list-style-type: none"> • 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 	<p>4. Good VMO activation, SLR with full knee extension</p> <p><i>Criteria to Advance to Next Phase:</i></p> <ol style="list-style-type: none"> 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
<p>Phase II</p> <p>Weeks 6-10</p>	<p><i>Therapy: (avoid: twisting, pivoting, running, and deep squatting)</i></p> <ul style="list-style-type: none"> • 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 	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> 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

<p>Phase III</p> <p>Weeks 11 – 16</p>	<p><i>Therapy:</i> Progress closed- and open-chained quad strengthening (0-90 degrees) as appropriate pending procedure/MD.</p> <ul style="list-style-type: none"> • Squat progressions (rocker, BOSU) • Lateral dips and forward lunges • Forward step-downs • Heel raises <p>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</p>	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> 1. Full AROM 2. Pain-free ADLs with normal gait 3. Normal gluteal/hip strength 4. Quad strength 80% of contralateral limb
<p>Phase IV</p> <p>Months 4-6</p>	<p><i>Therapy:</i> Progress strengthening program Add sport-specific training, running, agility, plyometrics (as cleared by MD) Low-grade, level ground plyometrics</p> <ul style="list-style-type: none"> • 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 <p>*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.</p> <p>Pt should demonstrate proper shock absorption and control of dynamic valgus stress at knee with all activities.</p>	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> 1. Return to full activity 2. Quads and gluteals within 10% contralateral limb 3. No pain/instability with sport-specific skills <p><i>Criteria to Return to Play:</i></p> <ol style="list-style-type: none"> 1. Goals met 2. Physician clearance. 3. Pass LE return to sport/discharge criteria