Meniscus Repair Rehab Program

GUIDELINE REHAB DEPARTMENT

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 with 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.

Dr. Dean:
**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*

Dr. Keene:
- TTWB x 2 weeks
- WBAT after first 2 weeks

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
- Avoid deep squatting, jumping and rotational knee movements for 4 months minimum

PHASE	SUGGESTED INTERVENTIONS	MILESTONES FOR PROGRESSION
Pre-Op Phase	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	**Precautions**	**Goals:**

Surgery – 6 Weeks **ROM Guidelines:** • Gradually increase PROM • Week 2: 0-105°/110° • Week 3: 0-115°/120° • Week 4: 0-125°/135°	• Avoid twisting, deep squatting, stooping, and active hamstring curls **Therapy:** <u>0-2 Weeks:</u> • Ice and modalities • Passive and AAROM (0-90°) — No active knee flexion — No biking • Gait training • Quad sets (with NMES if needed) • SLR 4 directions • Hamstring and calf stretches <u>Weeks 3-6:</u> • Progress to AROM (0-90°) • Clamshells • Closed chain exercise, depending on WB status • Weight shifting • Mini squats (0-45°) • Trunk/core stabilization (NO planks) • Multi angle quad isometrics <u>Weeks 5-6:</u> • If patient tolerated accelerated WB progression, they may begin dynamic balance training such as cup walking • Proprioception training (double leg) tramp, balance board, BOSU or rocker board – NO twisting, pivoting • Squats on rocker board • Closed kinetic chain wall squats	• Decrease pain and swelling • PROM from full knee extension equal to opposite knee to 90° flexion by week 2 • AROM 0-90° by week 6 • Good VMO activation, SLR with full knee extension • PROM 0-125° of flexion by week 6 **Criteria to Advance to Restorative Phase:** • Ambulate without assistive device with minimal deviations • Reduce post-op swelling and inflammation to no/trace effusion • Active SLR without extensor lag • Full or nearly full knee PROM
Phase II Weeks 6-10	**Precautions:** • Avoid twisting, pivoting, running, and deep squatting **Therapy:** • WB advancement as tolerated	**Goals:** • AROM 0-135° • Ambulate without crutches or brace with normal gait • Ambulate up/down stairs pain free

	• Stationary bike, elliptical, treadmill • Light resisted open chain knee extension (SAQ) • Closed chain exercises (0-60°): 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 and stabilization • Level ground walking • Balance: — Advanced gait activities ⇒ Ex. Cup tap walking — Squats on rocker board/BOSU • Pool program	• Improve strength and endurance • 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°) 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 to progress to return to activity phase:** • Full AROM • Pain-free ADLs with normal gait • Quad, hamstring and gluteal strength 80% of contralateral limb • Adequate single leg dynamic knee control
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	**Goals:** • Return to full activity • Quads and gluteals within 10% contralateral limb • No pain/instability with sport-specific skills

	— 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 • Pt should demonstrate proper shock absorption and control of dynamic valgus stress at knee with all activities **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. Up to a year if combined with ACL reconstruction.*	**Criteria to Return to Play:** • Goals met • Physician clearance • Pass L/E return to sport/discharge criteria