



## Rehabilitation Practice Guidelines for: **Meniscal Repair**

Assumptions	Isolated meniscal repair
Primary surgery:	Meniscal repair; arthroscopically assisted open repair or all inside repair
Secondary surgeries (possible):	ACL reconstruction, PCL reconstruction, Chondroplasty
Expected # of visits:	12-24

### Precautions

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- No loaded knee flexion past 45 degrees for 4 weeks
- No loaded knee flexion beyond 90 degrees for 8 weeks



**Meniscal Repair Rehab Protocol**

<b>Timeline</b>	<b>Treatment</b>	<b>Milestones</b>
<u>Week 1-2</u>  Total Visits: 1-3	<ul style="list-style-type: none"> <li>▪ Immobilizer for ambulation or brace locked at 0° extension</li> <li>▪ Crutches as needed (WB per surgeon)</li> <li>▪ OKC AROM and PROM exercises</li> <li>▪ Scar mobilization</li> <li>▪ Patellar mobilization</li> <li>▪ NMES for quadriceps</li> <li>▪ Modalities as needed</li> <li>▪ No resisted hamstring exercise</li> </ul>	<ul style="list-style-type: none"> <li>▪ Full knee extension</li> <li>▪ AROM knee flexion to 90°</li> <li>▪ Superior patellar glide with quad set</li> <li>▪ AROM hip/ankle WNL</li> <li>▪ SLR without quad lag</li> </ul>
<u>Weeks 3-4</u>  1-3x/week  Total Visits: 6-12	<ul style="list-style-type: none"> <li>▪ Immobilizer for ambulation or brace locked at 0° extension</li> <li>▪ Crutches with WB per surgeon</li> <li>▪ OKC AROM and PROM exercises</li> <li>▪ OKC PREs hip, knee, ankle</li> <li>▪ Multi angle isometric knee extension</li> <li>▪ NMES for quadriceps @ 60 degrees</li> <li>▪ Gait training (WB per surgeon) week 4</li> <li>▪ CKC to 45 degrees knee flexion week 4</li> </ul>	<ul style="list-style-type: none"> <li>▪ Full scar mobility</li> <li>▪ AROM knee flexion within 10 degrees of uninjured</li> <li>▪ Full patella mobility</li> <li>▪ Zero to Trace effusion</li> </ul>
<u>Weeks 5-7</u>  0-2x/week  Total Visits: 6-16	<ul style="list-style-type: none"> <li>▪ Immobilizer d/c per surgeon</li> <li>▪ Progress PREs for hip, knee, ankle</li> <li>▪ Begin to progress WB flexion 45-90°</li> <li>▪ Begin proprioceptive training</li> <li>▪ Endurance training via bike/Stairmaster</li> </ul>	<ul style="list-style-type: none"> <li>▪ Full AROM</li> <li>▪ Normal gait</li> <li>▪ MVIC &gt; 60%</li> <li>▪ No effusion</li> </ul>
<u>Weeks 8-11</u>  0-2x/week  Total Visits: 6-20	<ul style="list-style-type: none"> <li>▪ Progress PREs</li> <li>▪ Begin loaded flexion beyond 90° at 8 weeks</li> </ul>	<ul style="list-style-type: none"> <li>▪ MVIC &gt; 80%</li> </ul>
<u>Weeks 12-14</u>  Visits PRN  Total Visits: 2-10	<ul style="list-style-type: none"> <li>▪ Functional hop test if MVIC &gt; 80%</li> <li>▪ When MVIC &gt; 80% initiate:               <ul style="list-style-type: none"> <li>○ Running progression</li> <li>○ Sports specific drills</li> <li>○ Agility drills</li> </ul> </li> <li>▪ PREs at fitness facility</li> <li>▪ Follow up functional testing at 6-month and 1-year post-op</li> <li>▪ Progression of strengthening in gym</li> <li>▪ Emphasize plyometrics, jumping, cutting</li> </ul>	<ul style="list-style-type: none"> <li>▪ Maintaining or gaining quadriceps strength</li> <li>▪ MVIC, KOS and hop test &gt; 90% for return to sport (per surgeon)</li> </ul>