**Meniscus Repair**
(Isolated without ACL or microfracture)
Dr Levene  
2/2015

I. **First four postop weeks, begin POD #1**
   a. Rest, ice, compression wrap, elevation
      i. Dressing change ok after POD #2
      ii. Elevation with knee in maximal extension optimal as much as tolerated  
           (i.e. pillows under calf or heel, not knee crease)
   b. Ankle AROM as much as possible
   c. Quad isometrics with knee in full passive extension
   d. Straight leg raise ok when able to do so without extensor lag
   e. Gastroc isometrics
   f. Patellar mobilization as soon as pain permits
   g. Supine heel slides with terminal stretch to increase flexion slowly to full. **No aggressive terminal passive stretching beyond 120 degrees permissible**
   h. Sit and allow knee flexion over edge of table to facilitate flexion to 90
   i. Supine knee passive extension with wedge under heel to promote full hyperextension
   j. Gait training 50% WB with brace locked in full extension unless otherwise specified. For some more stable tears, greater weight bearing permitted
   *Repairs of radial tears and displaced bucket-handle tears will be toe-touch weightbearing only for 4 weeks
   k. Must sleep in brace for 2 weeks, then wean as tolerated

II. **Fifth and Sixth postop weeks**
   a. Primary emphasis on increasing ROM to full with active and active assisted exercises and gentle terminal stretch
   b. Wean off crutches, progress to WBAT
   c. Brace opened to 0 to 90 degrees, wean off use as tolerated
   d. Add supine straight leg raises out of brace when able to do so without any extensor lag
   e. Side lying and supine SLR out of brace
   f. Continue isometrics
   g. Begin stationary cycle with no resistance when ROM is adequate
III. **Weeks seven and eight**

a. Progress ROM to full, more aggressive terminal stretch  
b. Continue stationary cycle, gradually increase duration and resistance as tolerated, maintaining at least 60 RPM  
c. WBAT without brace  
d. Proprioceptive training  
e. Begin sportcord or theraband resisted closed chain strength, knee flexion angle not to exceed 90 degrees, for strength. Progress to light weight training if not ready (no effusion, full-range of motion, good progress with therabands)  
f. ¼ squats ok  
g. Begin treadmill, add incline progressively up to 7-10 degrees, backwards treadmill ok  

*no pivoting, twisting, running, jumping or landing*

IV **Weeks nine and ten**

a. Continue aggressive terminal stretching, should be full AROM by this time frame  
b. Jogging begins on track or grass or treadmill, no cutting, squatting or twisting  
c. Outdoor and/or stationary cycling, no off-road, no clipless pedals  
d. Continue to increase resistance and endurance on stationary cycle  
e. Controlled lateral, forward, and backward movement with sportscord resistance  
f. May initiate/continue to high rep, low resistance weight training. No open chain knee extension, no flexion greater than 90 degrees during strength exercises  
g. Single leg quarter squats ok, no knee flexion angle greater than 90 degrees  
h. Advance proprioception to include balance board

V **Weeks eleven and twelve**

a. As above for stretch  
b. Increased resistance training, closed chain Lunges, leg press, calf press minisquats, HS curls  
c. Sportcord resisted forward, backward, and lateral movement  
d. Functional progression from jogging to straightline running to figure 8 runs to carioca to planting and cutting, and plyometrics  
e. Advanced cardiovascular fitness exercises

VI **Return to sport criteria**

a. MD clearance
b. Minimal to no effusions, no mechanical symptoms or joint line tenderness, AFROM, minimal to no atrophy, negative McMurray’s

c. Sports test 20/21 or better

d. Completed sport-specific functional progression

e. No cutting and twisting sports prior to 3 months postop minimum