


 REHABILITATION GUIDELINES
 MENISCUS REPAIR

(isolated without ACL or microfracture)

0-4 WEEKS POST-OP

DOS:

- 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

5-6 WEEKS POST-OP

DATE:

- 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

7-8 WEEKS POST-OP

DATE:

- 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**

9-10 WEEKS POST-OP

DATE:

- 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

11-12 WEEKS POST-OP

DATE:

- 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

RETURN TO SPORT CRITERIA

- a. MD clearance
- b. Minimal to no effusions, no mechanical symptoms or joint line tenderness, AFROM, minimal to no atrophy, negarive 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