

## **MENISCUS REPAIR PROTOCOL**

### **The key factors in meniscal repairs include:**

- Anatomical site of tear
- Suture fixation – can lead to failure if too vigorous
- Location of tear – anterior or posterior
- Other pathology – i.e. PCL, MCL, ACL

### **Phase I – Maximal Protection Phase (weeks 1 – 6)**

#### **Goals:**

- Decrease inflammation and swelling
- Maintain control/strength of quadriceps and hamstrings
- Protect meniscal repair

#### **Rehabilitation:**

- PWB with crutches and brace locked at 00
- PROM 0 - 900 (gradual increase in flexion ROM based on symptoms)
- Ice, compression and elevation
- Patellar/scar tissue mobilization

#### **Exercises:**

- Quadricep sets
- Hamstring isometrics (if post. horn, no hamstring exercises for 6 weeks)
- SLR's (flexion, abduction, adduction) – add resistance as tolerated
- Prone hangs

### **Phase II – Moderate Protection Phase (weeks 6 – 10)**

#### **Goals:**

- Normalize ROM of knee
- Normalize weight bearing
- Increase strength, power, and endurance
- Prepare patient for advanced exercises



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**Rehabilitation:**

- Progress to WBAT and wean from immobilizer and crutches
- Knee ROM to tolerance
- Flexibility exercises are emphasized
- Closed chain exercises (mini-squats, step-ups, shuttle, leg press, etc.)
- Isokinetic/isotonic exercises
- Proprioception exercises
- Endurance exercises (swimming, cycling, stair machines, pool running)

**Phase III – Advanced Phase (weeks 11 – 15)****Goals:**

- Increase strength, power, endurance
- Emphasize return to skill activities
- Prepare to return to full unrestricted activities

**Criteria to progress to phase III:**

- Full non-painful ROM
- No pain or tenderness
- Satisfactory isokinetic test
- Satisfactory clinical exam

**Exercises:**

- Continue all exercises in phase II
- Increase proprioception, plyometric, and pool program
- Initiate running program
- Initiate sport specific/agility drills when approved by physician

**Phase IV – Return to Activity Phase****Criteria for return to activity:**

- When approved by physician
- Full non-painful ROM
- Satisfactory clinical exam
- Satisfactory isokinetic test
- Satisfactory functional/proprioceptive exam