# Meniscus Repair

This protocol provides guidelines for the rehabilitation for an isolated meniscus repair. Communication with the surgeon needs to continue during the rehabilitation process. Each plan of care should be individualized for each patient.

## Phase I: Weeks (0 – 6)

<table>
<thead>
<tr>
<th>Weight-bearing Restrictions:</th>
<th>NWB for 6-8 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-op Brace:</td>
<td>Locked at 0° with ambulation; 0 - 90° NWB to allow ROM</td>
</tr>
<tr>
<td>ROM:</td>
<td>0 - 90°</td>
</tr>
</tbody>
</table>

**Goals:**
- Protect repair
- SLR with no extension lag
- Decrease pain and inflammation
- Minimize joint effusion
- P/A ROM: 0 - 90°
- Ambulate within W/B restriction with brace locked at 0°

**RX Guidelines:**
- Prone hangs for extension or 3 X 10 = 0 board
- Patellar mobilizations
- NMES or biofeedback for quad contraction
- Quad sets
- SLR if adequate quad control
- 4-way SLR
- Hip rotator strengthening
- LAQ 90° to 0° (no resistance)
- Hamstring stretching
- T-band ankle strengthening

## Phase II: Weeks (6 – 12)

<table>
<thead>
<tr>
<th>Weight-bearing Restrictions:</th>
<th>Progress as tolerated or per physician’s discretion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-op Brace:</td>
<td>Unlocked with ambulation and brace set to patient’s available ROM; D/C when patient achieves 0 - 120° and good quad control with ambulation</td>
</tr>
<tr>
<td>ROM:</td>
<td>Full ROM as tolerated</td>
</tr>
</tbody>
</table>

**Goals:**
- Protect repair
- Achieve a normal gait pattern
- Minimize joint effusion
- Improve strength / proprioception
- Avoid twisting and pivoting for 12 weeks

**RX Guidelines:**
- Retro treadmill walking for knee extension
- CKC Terminal Knee Extension
- Wall squats / slides 0 - 60° → 0-90°
- Leg press 0 - 60° → 0-90°
- Resisted hamstring curls
- Step ups (forward, lateral)
- Progress double to single leg heel raises
- Multi-hip
- Weight shifting (rockerboard)
- Double → Single leg balance
- Lunges (front and lateral) 0 - 60° → 0-90°
- OKC PRE’s 90 - 0°; submaximal isokinetics
- Total leg strengthening
- Advanced proprioceptive exercises
- Monster walks / sidestep with resistance band
- Euroglide
- Step downs

## Phase III: Weeks (12+ weeks)

<table>
<thead>
<tr>
<th>Weight-bearing Restrictions:</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-op Brace:</td>
<td>None</td>
</tr>
<tr>
<td>ROM:</td>
<td>Full ROM as tolerated</td>
</tr>
</tbody>
</table>

**Goals:**
- Transition to Independent Rehab Program (IRP)
- Improve strength / balance
- Isokinetic test at 3 months
- Strength at least 75% to begin running, agility and sports specific activity
- Functional testing: 4 – 6 months
- Return to work: physician’s discretion
- Return to sport: 4 – 6 months

**RX Guidelines:**
- Continue progression of all previous exercises
- Isokinetic test score: strength at least 75% of uninvolved leg
- Functional squatting past 90° allowed at 4 – 6 months

Updated / Approved: 2/8/11