

## Meniscal Repair

### Precautions

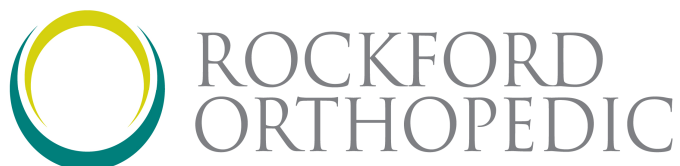
- Weight bearing status may vary according to surgical technique. If it is not specified on the prescription, check with surgeon.

### Phase I (1 – 5 days post-op)

- Wound care: Monitor site for signs of infection
- Modalities: prn for pain and inflammation (ice, IFC)
- Gait: Non-weight Bearing or toe-touch weight bearing unless otherwise prescribed
- Brace: on at all times for gait, set at 0 – 90 degrees
  - ROM: Initiate PROM 0 – 90 degrees. Do not force ROM.
    - Wall slides or passive heel slides
    - Hamstring stretches
    - Gastrocnemius and soleus stretches

### Phase II (5 days – 4 weeks post-op)

- Wound care: Monitor wound site and begin scar management techniques when incision is closed
- Modalities: continue prn
- Gait: same as Phase I
- Brace: Keep brace at 0 – 90 degrees until 4-week follow-up with M.D.  
Brace may be removed for exercises.
- ROM
  - 0 – 90 degrees. Do not force ROM.
  - Continue phase I exercises.
- Proprioception/Balance Training: Based on weight-bearing status.
- Strengthening
  - Stationary cycle – Out of knee brace if flexion is greater than 90 degrees. Low resistance, moderate speed.
  - Hip flexion, abduction, adduction, extension
  - Isometrics: Quadriceps, hamstring, hip adductor sets and short arc quads.
  - Knee flexion in prone, standing or N.K. table with no resistance.
  - Ankle resistance using Theraband
  - Standing terminal knee extension with Theraband



### **Phase III (4 – 10 weeks post-op)**

- Gait: Progress to full weight bearing with brace set at full range of motion.  
Wean out of brace after 6 weeks.
- ROM: Progress to 0 – 120 degrees by 6 weeks. Do not force ROM.
- Proprioception/Balance Training
- Strengthening:
  - Isotonics: Hamstrings
  - Cardiovascular: Cycle, Stairmaster, elliptical or cross country ski machine, treadmill walking (progress speed, resistance and duration)
  - Closed-chain exercises: Caution: Keep knee & Lower Extremity in neutral hip position.
    - Heel raises
    - Forward and lateral step up/down
    - Mini squats (0 – 60 degrees)
    - Partial lunges
    - Elastic tube resistance exercises
    - Inclined Squat Machines
    - Leg Press

### **Phase IV (10+ weeks post-op)**

- Gait: Independent ambulation without knee brace or assistive device.
- ROM: Full AROM.
- Proprioception/Balance Training: Progress as able to pre-morbid agility, sprinting and track running.
- Strengthening:
  - Squats 0 – 90 degrees
  - Endurance training
  - Begin sports-specific training
  - Treadmill: Begin running, per M.D.
- Testing: final functional tests less than 25% deficit for non-athletes, less than 20% deficit for athletes

Adapted from:

- 1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2003
- 2) Wilk KE, Reinold MM, Andrews, JR. Meniscus Repair Rehabilitation (Complex Tears). Winchester, MA: Advanced Continuing Education Institute, 2004.