

Meniscus Repair Rehabilitation Guidelines

This rehabilitation protocol was developed for patients who have isolated meniscal repairs. Meniscal repairs located in the *peripheral or outer one-third vascular region* are progressed rapidly, with full weight bearing allowed by the 4th postoperative week and running by the 16th to 20th postoperative week (assuming muscle strength and other criteria are met) *Complex repairs* (in which a segment of the tear is located in the avascular region) are progressed more slowly, with full weight bearing delayed until the 7th postoperative week and running delayed until the 6th postoperative month. Additionally, a postoperative brace is used for complex repairs for the first 8 postoperative weeks to provide added protection.

The protocol is divided into 7 phases according to postoperative weeks (for instance, Phase I = Postoperative Weeks 1-2). Each phase has several categories including:

- General observation of the patient's condition (weight bearing, pain, hemarthrosis, muscle control)
- Evaluation of specific variables with goals identified for each
- Treatment and exercise program, according to frequency and durati
- Rehabilitation goals which must be achieved to enter into the next phase

The **overall goals** of the reconstruction and rehabilitation are to:

- Control joint pain, swelling, hemarthrosis (minimal or none)
- Regain normal knee flexion and extension
- Regain a normal gait pattern and neuromuscular stability for ambulation
- Regain normal quadriceps, hamstring lower extremity muscle strength
- Regain normal proprioception, balance, and coordination for desired activities
- Achieve optimal functional outcome based on orthopaedic and patient goals

The supervised rehabilitation program is supplemented with ahome self-management program which the patient performs on a daily basis. The therapist must evaluate the patient thoroughly to



implement the enclosed protocol and should see the patient in the clinic for therapeutic procedures and modality treatments which are required for rehabilitation. The majority of this protocol can be accomplished at home provided patient cooperation and follow through are present. The approximate number of rehabilitation visits required for each phase are provided. Additional supervision may be required if a complication develops.

Important postoperative signs to monitor include:

- Swelling of the knee joint or soft tissues
- Abnormal pain response
- Abnormal gait pattern with or without assistive device
- Insufficient flexion or extension motions, limited patellar mobility
- Weakness (strength/control) of the lower extremity, especially the quad/hamstrings
- Insufficient lower extremity flexibility
- Tibiofemoral symptoms, indicative of a meniscal tear

Return to Activities Warning

Return to strenuous activities - including impact loading, jogging, deep knee flexion, or pivoting - early postoperatively after meniscal repair carries a definite risk of a repeat meniscus tear. These risks cannot always be scientifically assessed. Patients are warned to return to athletic activities carefully and to avoid any activity in which symptoms of pain, swelling, or a feeling of instability are present.

Physical Therapy Visit Timeline

Phase	Weeks Postoperative	Minimum # Visits	Maximum # Visits
1	1-2	2	3
2	3-4	2	3
3	5-6	1	2
4	7-8	1	2
5	9-12	1	2
6	13-26	2	2
7	27-52	2	2
Total		11	16



Rehabilitation Protocol Summary for Meniscus Repairs

		Postoperative Weeks		Postoperative Months						
		1-2	3-4	5-6	7-8	9-12	4	5	6	7-12
Brace: Blee	lsoe postoperative (complex)	X	X	X						
Range of m	otion minimum goals: 0°-90° 0°-120° 0°-135°	X	X	X						
Weight beari	ng:							1		1
	Toe touch – ½ BW	X								Т
Peripheral	34 body – full BW	Λ	X							-
	Toe touch – ½ BW	37	Λ			-				-
0 1		X								
Complex	½ to ¾ BW		X	X						
	Full BW				X					
Patella mob	ilization	X	X	X						
Modalities:		37	37	37						
	muscle stimulation (EMS)	X	X	X	v	37	v	v	W	37
	a management (cryotherapy)	X	X	X	X	X	X	X	X	X
Stretching:		v	v	v	v	v	v	v	v	v
Hamstring, gastroc-soleus, iliotibial band, quadriceps		X	X	X	X	X	X	X	X	X
Strengtheni										+
Quad isometrics, straight leg raises,		X	X	X	X	X				
active knee extension		21	7.	71	21	21				
	n: gait retraining, toe raises,		P	С	X	X	X	X	X	
wall sits, n										
	n hamstring curls (90°)			P	С	X	X	X	X	X
	ion quads (90°-30°)			X	X	X	X	X	X	X
Hip abduction	on-adduction, multi-hip			X	X	X	X	X	X	X
Leg press (7	0°-10°)			P	P	X	X	X	X	X
	pprioceptive training:									
	ing, mini-trampoline,		P	С	X	X	X	X	X	X
	, plyometrics									
Conditionin	ıg:									
UBC			X	X	X					
Bike (stationary)					X	X	X	X	X	X
Aquatic program						X	X	X	X	X
Swimming (kicking) Walking						X X	X	X X	X	X
Stair climbing machine							X	X	X	
Ski machine						X X	X	X	X X	X X
Running: st		+				Λ	P	P	C	X
	eral carioca, figure 8's	+					Г	P	P	X
Full sports	in curiocu, riguic o s	+						P	P	X
i uii spoits			1			1		. 1		

X = all repairs, C = complex, avascular repairs, P = peripheral repairs

BAPS = Biomechanical Ankle Platform System (Camp, Jackson, MI), BBS = Biodex Balance System (Shirley, NY), UBC = upper body cycle (Biodex, Shirley, NY).



PHASE 1: Week 1-2

General	Toe-touch to 1/4 WB (complex); toe touch to 1/2 WB (peripheral)	
Observation	when:	
0 0 0 0 0 1 7 11 10 11	- Pain controlled - Hemarthrosis controlled	
	- Voluntary quadriceps contraction & full extension achieved	
Evaluation		Goals
	v Pain	Controlled
	v Hemarthrosis	Mild
	v Patellar mobility	Good
	v ROM minimum	0°-90°
	v Quadriceps contraction & patella migration	Good
	v Soft tissue contracture	None
Frequency		Duration
3-4 x/day	Range of motion	
10 minutes	ROM (passive, 0°-90°)	
	Patella mobilization	
	Ankle pumps (plantar flexion with resistance band)	
	Hamstring, gastroc-soleus stretches	5 reps x 30 secs
3 x/day	Strengthening	
15 minutes	Straight leg raises (flexion)	3 sets x 10 reps
	Active quadriceps isometrics	1 set x 10 reps
	Knee extension (active-assisted)	3 sets x 10 reps
As required	Modalities	
	Electrical muscle stimulation	20 minutes
	Cryotherapy	20 minutes
Goals	v ROM 0°-90°	
	v Adequate quadriceps contraction	
	v Control inflammation, effusion	



PHASE 2: Weeks 3-4

	ain controlled - Hemarthrosis controlled oluntary quadriceps contraction achieved	
Evaluation		Goals
ν Pair ν Effi		Controlled Mild
	ellar mobility	Good
	M minimum	0°-120°
	adriceps contraction & patella migration	Good
	t tissue contracture	None
Frequency 3-4 x/day Range	a of mation	Duration
, , , , ,	e of motion M (passive, 0°-120°)	
	lla mobilization	
	le pumps (plantar flexion with resistance band)	
Ham	string, gastroc-soleus stretches	5 reps x 30 secs
2-3 x/day Streng	gthening	
, , ,	ight leg raises (flexion, extension, adduction)	3 sets x 10 reps
	netric training: multi-angle (0°, 60°)	1 set x 10 reps
	e extension (active-assisted, 90°-30°)	3 sets x 10 reps
	sed-chain (peripheral) - Toe raises	3 sets x 20 reps
	- Wall sits	to fatigue x 3
2 x/day Baland 10 minutes Wei	ce training (peripheral)	5 sets x 10 reps
	ght shift side/side and forward/back walking	5 Sets x 10 Teps
Gup	waning	
	oic conditioning	
10 minutes UBO		
As required Moda	lities	
	trical muscle stimulation	20 minutes
	otherapy Control of the control of t	20 minutes
	M 0°-120° v Control inflammation, effusion scle control	
	ly recognition complications(motion, RSD, patellofemoral)	



PHASE 3: Weeks 5-6

General	v 3/4 WB (complex); full WB (peripheral) when:	
Observation	- Pain controlled without narcotics - Hemarthrosis controlled	
	- ROM 0°-135° - Muscle control throughout ROM	
Evaluation		Goals
	• Pain	Mild/No RSD
	Effusion	Minimal
	Patellar mobility	Good
	ROM	0°-135°
	Muscle control	3/5
	Inflammatory response	None
Evegyeney	1 Initialifiliatory response	Duration
Frequency	Dange of motion	Durauon
3 x/day 10 minutes	Range of motion	
10 minutes	ROM (passive, 0°-135°) Patella mobilization	
		E rope v 20 cocc
	Hamstring, gastroc-soleus stretches	5 reps x 30 secs
2 x/day	Strengthening	
20 minutes		3 sets x 10 reps
20 illillutes	Straight leg raises (ankle weight, not to exceed 10% of body weight)	2 sets x 10 reps
	Isometric training: multi-angle (90°, 60°, 30°)	3 sets x 10 reps
	Hamstring curls (active, 0°-90°, peripheral) Knee extension (active, 90°-30°)	3 sets x 10 reps
	Closed-chain (all repairs)	3 sets x 10 reps
	- Heel raise/toe raise	3 sets x 10 reps
	- Wall sits	to fatigue x 3
	Multi-hip machine (flexion, extension, abduction, adduction)	3 sets x 10 reps
	Leg press (70°-10°)	3 sets x 10 reps
	Leg piess (70 -10)	o sets x 10 reps
3 x/day	Balance training	
5 minutes	Weight shift side/side and forward/back	5 sets x 10 reps
	Balance board/2 legged	
	Cup walking	
2 x/day	Aerobic conditioning (patellofemoral precautions)	
10 minutes	UBC	
As required	Modalities	
_	Electrical muscle stimulation	20 minutes
	Cryotherapy	20 minutes
Goals	v ROM 0°-135°	
	v Control inflammation, effusion	
	v Muscle control	
	v Early recognition complications	
	(motion loss, RSD, patellofemoral changes)	



PHASE 4: Weeks 7-8

Goals
Mild/No RSD
Minimal
Good
)°-135°
l/5
None
Duration
reps x 30 secs
sets x 10 reps
sets x 30 reps
sets x 10 reps
sets x 10 reps
sets x 10 reps
20
sets x 20 reps
o fatigue x 3
sets x 10 reps
0 minutes
Mi



PHASE 5: Weeks 9-12



Goals	v Increase strength and endurance	
	ν ROM 0°-135°	



PHASE 6: Weeks 13-26

General	v No effusion, painless ROM, joint stability	
Observation	v Performs ACL,	
Observation	can walk 20 minutes without pain v ROM 0°-135°	
Evaluation	^	Goals
	v Pain	Minimal/No RSD
	v Isometric test (6 mos. complex, % difference quads & hams)	10-15 (P), 30 (C)
	v Swelling	Minimal
	v Patellar mobility	Good
	v Crepitus	None/slight
T	v Gait	Symmetrical
Frequency 2 x/day	Dange of motion	Duration
10 minutes	Range of motion Hamstring, gastroc-soleus, quad, ITB stretches	5 reps x 30 secs
10 minutes	Trainstring, gastroc-soreus, quad, 11D stretches	5 терз х 50 зесз
2 x/day	Strengthening	
20 minutes	Straight leg raises, rubber tubing (high speed)	3 sets x 30 reps
	Hamstring curls with resistance (0°-90°)	3 sets x 10 reps
	Knee extension with resistance (90°-30°)	3 sets x 10 reps
	Leg press (70°-10°)	3 sets x 10 reps
	Multi-hip machine (flexion, extension, abduction, adduction)	3 sets x 10 reps 3 sets x 20 reps
	Closed-chain: Mini-squats (rubber tubing, 0°-40°)	5 Sets x 20 Teps
1-3 x/day	Balance training	
5 minutes	Balance board/2 legged	
	Single leg stance	
3 x/week	Aerobic conditioning (patellofemoral precautions)	
20 minutes	Stationary bicycling	
	Water walking Swimming (kicking)	
	Walking	
	Stair machine (low resistance, low stroke)	
	Ski machine (short stride, level, low resistance)	
3 x/week	Running program (16-20 wks peripheral, straight, 30%	
15-20 minutes	deficit isometric test) Jog	1/4 mile
iiiiiutes	Walk	1/8 mile
	Backward run	20 yards
3 x/week	Cutting program – lateral, carioca, figure 8's	20 yards



3 x/week	Functional training	
	Plyometric training: box hops, level, double-leg	15 secs, 4-6 sets
	Sport specific drills (10-15% deficit isokinetic test)	
As required	Modalities	20 minutes
_	Cryotherapy	
Goals	v Increase strength and endurance	



PHASE 7: Weeks 27-52

Canaval	NI CC : 1 DOM: 1 (121)		
General	v No effusion, painless ROM, joint stability		
Observation	v Performs ADL, can walk 20 minutes without pain	6. 1	
Evaluation	v Isokinetic test (isometric + torque 300°/sec, % diff quads & hams)	Goals	
		10-15	
	v Swelling	None	
	v Patellar mobility	Good	
	v Crepitus	None/slight 85	
	v Single-leg function tests (9 mos: hop distance, timed hop, % inv/uninv)	65	
Frequency		Duration	
2 x/day	Range of motion		
10 minutes	Hamstring, gastroc-soleus, quad, ITB stretches	5 reps x 30 secs	
1 x/day	Strengthening		
20-30	Straight leg raises, rubber tubing (high speed)	3 sets x 30 reps	
minutes	Hamstring curls with resistance (0°-90°)	3 sets x 10 reps	
	Knee extension with resistance (90°-30°)	3 sets x 10 reps	
	Leg press (70°-10°)	3 sets x 10 reps	
	Multi-hip machine (flexion, extension, abduction, adduction)	3 sets x 10 reps	
	Closed-chain: Mini-squats (rubber tubing, 0°-40°)	3 sets x 20 reps	
1-3 x/day 5 minutes	Balance training Balance board/2 legged Single leg stance		
3 x/week 20-30 minutes	Aerobic conditioning (patellofemoral precautions) Stationary bicycling Water walking Swimming (kicking) Walking Stair machine (low resistance, low stroke) Ski machine (short stride, level, low resistance)		
3 x/week 15-20 minutes	Running program (straight, 30% deficit isokinetic test) Jog Walk Backward run	1/4 mile 1/8 mile 20 yards	
3 x/week	Cutting program (20 wks peripheral, 20% deficit isokinetic test) Lateral, carioca, figure 8's	20 yards	
3 x/week	Functional training (20 wks peripheral) Plyometric training: box hops, level, double-leg Sport specific drills (10-15% deficit isokinetic test)	15 secs, 4-6 sets	



As required	Modalities Cryotherapy	20 minutes
Goals	v Increase function v Maintain strength, endurance	
	ν Return to previous activity level	

