



Meniscal Repair Guidelines Post – Operative Phase I (Week 0-6)

Goals:

- Emphasis on full passive extension
- Control post-operative pain / swelling
- Range of Motion → 90° flexion or as per surgeon's prescription
- Regain quadriceps control
- Independence in home therapeutic exercise program

Precautions:

- Avoid active knee flexion
- Avoid ambulation without brace locked @ 0° prior to 4 weeks
- Avoid prolonged standing/walking

Treatment Strategies:

- Towel extensions, prone hangs, etc.
- Quadriceps re-education (Quad Sets with EMS or EMG)
- Progressive Weight Bearing PWB → WBAT with brace locked at 0° with crutches
 - Toe-Touch Weight Bearing for complex or radial tears
- Patella mobilization
- Active-Assisted flexion/extension 90 → 0° Exercise
- SLR's (all planes)
- Hip progressive resisted exercises
- Proprioception Board (bilateral weight bearing)
- Aquatic therapy – Pool ambulation or Underwater Treadmill (Week 4-6)
- Short Crank ergometry (if ROM > 85°)
- Leg Press (bilateral / 60 → 0° arc) (if ROM > 85°)
- OKC quadriceps isometrics (submaximal/bilateral @ 60°) (if ROM > 85°)
- Upper extremity cardiovascular exercises as tolerated
- Hamstring and calf stretching
- Cryotherapy
- Emphasize patient compliance to home therapeutic exercise program and weight bearing and Range of motion precautions / progression

Criteria for Advancement:

- Ability to SLR without Quadriceps lag
- ROM 0 → 90°
- Demonstrate ability to unilateral (involved extremity) weight bear without pain

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Meniscal Repair Guidelines Post – Operative Phase 2 (Week 6-14)

Goals:

- Restore Full ROM
- Restore normal gait (non-antalgic)
- Ability to ascend and descend 8”stairs with good leg control without pain
- Improve ADL endurance
- Improve lower extremity flexibility
- Independence in home therapeutic exercise program

Precautions:

- Avoid descending stairs reciprocally until adequate quadriceps control & lower extremity alignment
- Avoid pain with therapeutic exercise & functional activities
- Avoid running and sport activity

Treatment Strategies:

- Progressive Weight Bearing/WBAT with crutches/cane (brace opened 0 → 60°), if good quadriceps control (good quad set / ability to SLR without lag or pain)
- Aquatic therapy – Pool ambulation or Underwater Treadmill
- D/C crutches/cane when gait is non-antalgic
- Brace changed to MD preference (OTS brace, Patella sleeve, etc.)
- Active-assistive range of motion exercises
- Patella mobilization
- SLRs (all planes) with weights
- Proximal progressive resisted exercises
- Neuromuscular training (Bilateral → Unilateral Support)
 - Balance Apparatus, Foam surface, Perturbations
- Short Crank ergometry to standard ergometry (if knee ROM > 115°)
- Leg Press (bilateral / eccentric / unilateral progression)
- Squat program (PRE) 0° → 60°
- OKC quadriceps isotonic (pain-free arc of motion) (*CKC preferred*)
- Initiate Forward Step Up & Step Down programs
- Stairmaster
- Retrograde treadmill ambulation
- Quadriceps stretching
- Elliptical Machine
- Forward Step Down Test (NeuroCom)
- Cryotherapy
- Emphasize patient compliance to home therapeutic exercise program

Criteria for Advancement:

- ROM to WNL
- Ability to descend 8”stairs with good leg control without pain

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Meniscal Repair Guidelines Post – Operative Phase 3 (Week 14-22)

Goals:

- Demonstrate ability to run pain free
- Maximize strength and flexibility as to meet demands of activities of daily living
- Hop Test \geq 85% limb symmetry
- Isokinetic test $>$ 85% limb symmetry
- Lack of apprehension with sport specific movements
- Flexibility to accepted levels of sport performance
- Independence with gym program for maintenance and progression of therapeutic exercise program at discharge

Precautions:

- Avoid pain with therapeutic exercise & functional activities
- Avoid sport activity till adequate strength development and MD clearance

Treatment Strategies:

- Progress Squat program $<$ 90° flexion
- Lunges
- Retrograde treadmill running
- Start forward running (treadmill) program at 4 months post-op if 8" step down satisfactory
- Continue LE strengthening & flexibility programs
- Agility program / sport specific (sport cord)
- Start plyometric program when strength base sufficient
- Isotonic knee flexion / extension (pain & crepitus free arc)
- Isokinetic training (fast \rightarrow moderate \rightarrow slow velocities)
- Functional testing (Hop Test)
- Isokinetic Testing
- Home therapeutic exercise program: Evaluation based

Criteria for Advancement:

- Symptom-free running and sport-specific agility
- Hop Test \geq 85% limb symmetry
- Isokinetic Test $>$ 85% limb symmetry
- Lack of apprehension with sport specific movements
- Flexibility to accepted levels of sport performance
- Independence with gym program for maintenance and progression of therapeutic exercise program at discharge

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