



Guidelines For Rehabilitation Following

Meniscal Repair

GENERAL GUIDELINES

- No open kinetic chain hamstring work for 2 months
- No terminal knee extension exercises for 2 months
- Meniscal repair performed with ACL reconstruction follows ACL post-op protocol with the above exceptions
- Supervised physical therapy takes place for 3-6 months post-op

GENERAL PROGRESSION OF ACTIVITIES OF DAILY LIVING

- Patients may begin the following activities at the dates listed (unless otherwise specified by the physician):
- Bathing/showering without brace after suture removal
- Sleep with brace locked in extension for 6 weeks
- Driving at 8 weeks post-op
- Weight bearing as tolerated with brace locked in extension for any weight bearing or ambulation
- May unlock brace for non weight bearing range of motion

PHYSICAL THERAPY ATTENDANCE

The following is an approximate schedule for supervised physical therapy visits:

Phase I (0-4 weeks):	1-2 visit/week
Phase II (4-12 weeks):	2-3 visits/week
Phase III (3-4 months):	2-3 visits/week. Reduce to 1 visit/1-2 weeks based on patient goals and access to equipment
Phase IV (5-6 months+):	Discontinue PT on completion of functional progression

REHABILITATION PROGRESSION

The following is a general guideline for progression of the rehabilitation program following meniscal repair surgery. Progression through each phase should take into consideration patient status (e.g. healing, function) and physician advisement. Please consult the attending physician if there is any uncertainty regarding advancement of a patient to the next phase of rehabilitation.



PHASE I (0 - 4 Weeks)

Goals:

- Protect meniscus repair fixation and surrounding soft tissues
- Control inflammation
- Minimize the effects of immobilization through ROM exercises (heel slides)
- Education of patient regarding limitations and the rehabilitation process

Brace:

- 0 – 6 weeks: Locked in full extension for ambulation. Unlock for therapeutic exercises.

Weight-Bearing Status:

- 0 – 6 weeks: Full weight bearing with brace locked in extension

Therapeutic Exercises:

- Quad sets
- Ankle pumps, progress to resistive Theraband exercises
- Heel slides from 0-90° of knee flexion
- Non-weight-bearing calf, hamstring stretches
- SLR in flexion, abduction, flexion, adduction, extension with brace in full extension until quadriceps strength is sufficient to prevent extension lag
- Patellar mobilization as needed

PHASE II (4 weeks - 3 months)

Criteria for advancement to Phase II:

- Good quad sets
- Approximately 90° of flexion
- Full extension
- No signs of active inflammation

Brace:

- Discontinue brace at 6 weeks post-op as allowed by physician



Weight-Bearing Status:

- At 6 weeks, may discontinue use of crutches if following criteria are met:
 - No extension lag with SLR
 - Full extension
 - Flexion 90°
 - Non-antalgic gait pattern (may use one crutch or can until gait is normalized)

Therapeutic Exercises:

- Wall slides 0-45, progressing to mini-squats
- 4-way hip for flexion, extension, abduction, adduction
- Stationary bike (no toe clips to minimize hamstring activity)
- Leg press 0-60° flexion
- Step-ups (begin at 2" and progress towards 8")
- Knee extensions 50-90°
- Toe raises
- Balance exercises (e.g. single-leg balance)

PHASE III (3 months - 4 / 5 months)

Criteria for advancement to Phase III:

- Full knee extension, at least 100° of flexion
- Good quadriceps strength
- No patellofemoral or soft tissue complaints
- No signs of active inflammation

Goals:

- Restore full range of motion
- Continue improvement of quadriceps strength
- Initiate isolated hamstring strengthening
- Improve functional strength and proprioception



Therapeutic Exercises:

- Progression of closed kinetic chain and balance activities
- Closed kinetic chain terminal knee extension with resistive tubing or weight machine
- Hamstring curls 0-60° of flexion
- Swimming – no breaststroke
- Jogging in pool with wet vest or belt
- Stairmaster (small steps initially)

PHASE IV (4 / 5 months – return to activity)

Criteria for advancement to Phase IV:

- Physician clearance to initiate functional progression
- No patellofemoral or soft tissue complaints
- Necessary joint range of motion, strength, endurance and proprioception safely return to work or athletics

Goals:

- Sport-specific training or work hardening program as appropriate
- Maintenance of strength, endurance and proprioception
- Patient education with regards to any possible limitations

Therapeutic Exercises:

- Continue strength, endurance and proprioception program
- Functional progression including but not limited to:
 - Slide board
 - Walk/jog progression
 - Forward/backward running, cutting, carioca, etc.
 - Sport-specific drills
 - Work hardening program as prescribed by physician

Return to Full Activity:

The patient may resume full activity level, including sports participation, when he/she completes an appropriate functional progression and has clearance from the physician. This usually occurs at approximately 6 months post-op.