

Arthroscopic Meniscal Repair Rehabilitation Protocol

Phase 1	Surgery to 6 weeks post-op
Rehabilitation Goals	<ul style="list-style-type: none"> • Diminish inflammation and swelling • Restore ROM • Reestablish quadriceps muscle activity
Precautions	<ul style="list-style-type: none"> • Brace locked in extension with ambulation • Weight bearing as tolerated • Discontinue crutches when patient demonstrates non-antalgic gait • ROM 0-90 degrees • No resisted knee flexion hamstring strengthening for first 6 weeks unless cleared by physician
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> • ROM limited from 0-90° for 6 weeks • Patellar mobilization • Scar tissue mobilization • Quad sets • Quadriceps and hamstring isometric exercises • SLR (4 directions) • Electrical stimulation as necessary for quadriceps re-education • Cryotherapy, compression, etc., to decrease pain and swelling • Hip adduction and abduction as tolerated • Avoid active knee flexion

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Phase 2	6 to 12 weeks post-op
Rehabilitation Goals	<ul style="list-style-type: none"> • Normalize ROM of the knee • Single leg control • Normalize gait • Good control and no pain with functional movements, including step up/down, partial squat, and partial lunge
Precautions	<ul style="list-style-type: none"> • Begin to unlock brace as tolerated • Wean from brace as muscle control improves • No forced range of motion with knee flexion • Avoid maximal loaded squats or deep knee bends to 90 degrees • No pivoting, twisting, running or impact activities • Avoid activities that cause post-activity swelling
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> • Gradually increase ROM to unlimited as tolerated • Heel slides to increase flexion ROM as tolerated • Extension: towel stretch with heel elevated and other variations • Stationary bike as tolerated with low resistance • Straight leg raises in multiple directions • Bridging • Closed chain strengthening for quads and glutes • Step up exercises • Knee extension, leg press • Initiate hip hinge movement • Hip and core strengthening • Ground-based proprioceptive training (No Airex pad, BOSU, etc.) • Gait training

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Phase 3	12 weeks post-op
Rehabilitation Goals	<ul style="list-style-type: none"> • Increase strength, power, endurance • Maximization of strength and mobility to meet demands of ADLs • No joint effusion
Precautions	<ul style="list-style-type: none"> • Avoid post-activity swelling • Avoid posterior knee pain with end-range knee flexion
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> • Continue ROM and strengthening exercises as needed • Add step-downs/ups, lunges, and /or partial squats as tolerated • Add eccentric quadriceps and hamstring exercises • Initiate elliptical • Increase resistance on stationary bike • Advancement of lower body strength exercises <ul style="list-style-type: none"> ○ Double leg, split stance, single leg • Squat movement variations (No back squats) • Hip hinge movement variations • Knee dominant hamstring and quad strengthening • Step-up/step down exercises • Shuttle press • Isotonic knee extensions (ROM 90-40 degrees); MUST be pain free • Advanced proprioception exercises (perturbations) • Hip and core strengthening

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Phase 4	
Rehabilitation Goals	<ul style="list-style-type: none"> • Good control and no pain with sport and work-specific movements, including impact
Precautions	<ul style="list-style-type: none"> • Avoid pain and post-activity swelling with therapeutic exercise and functional activities • Avoid sports until criteria met along with physician clearance
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> • Continuing strengthening exercises • Progression of plyometric exercises <ul style="list-style-type: none"> ○ Emphasis on proper landing technique ○ Double leg snap down, double leg quick response plyometrics ○ Single leg snap down, single leg quick response plyometrics ○ Progress to double leg max power jumps progressed to single leg • Progress to outdoor running and agility drills • Begin practicing skills specific to the activity (i.e., work, recreational activity, sports, etc.) • Return to sport when single leg hop >90% and with physician approval
Progression Criteria	<ul style="list-style-type: none"> <input type="checkbox"/> Achievement of >90% quad index <input type="checkbox"/> Lack of apprehension with sport-specific movement <input type="checkbox"/> Independence in maintenance HEP <input type="checkbox"/> No residual soreness or swelling <input type="checkbox"/> Advancement through practice continuum