TROPICAL MEDICAL GROUP

Dx: ☐ Right ☐ Left

Patient Name: _____

Date of Surgery: _____

PT/OT: Evaluate and treat. Follow the following protocol.

Signature/Date: _____

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Meniscus Repair Rehabilitation Protocol

GENERAL GUIDELINES

- Use the cryotherapy cuff continuously for the first 72 hours, then as needed thereafter
  - Ensure that the cuff never contacts the skin directly
  - Apply to the knee after performing rehabilitation exercises for the first 6 weeks
  - If no cryotherapy cuff is provided, use a bag of ice for 20 minutes each hour while awake, separating the bag of ice from skin with a cloth or T-shirt.
- Remove the bandage 72 hours after surgery, but leave the white steri-strips on the skin if present.
- Apply fresh gauze pad with an ace bandage for the first week after surgery
- You may shower after your first postoperative visit with your surgeon.
- **DO NOT** submerge the knee under water for 4 weeks.
- You may put the foot down for balance with crutches for the first 6 weeks
- Schedule a follow-up appointment for 10-14 days after surgery.

PHASE I: Begins immediately postoperatively through 2 weeks postoperatively

Goals:
- Protect the knee from falls
- Control inflammation
- Maintain full extension, initiate early range of motion

Weight-Bearing Status and Brace:
- Touch-down weight-bearing for **6 weeks with 2 crutches**
- 0 – 1 week: Brace locked in full extension for ambulation and sleeping
- 1 – 6 weeks: Unlocked 0-90 deg for ambulation, lock in extension for sleeping for 2 weeks.

Therapeutic Exercises (3 times per day):
- Ankle pumps
- Knee extension/hamstring stretching with heel prop
- Sitting leg dangle to 90 degrees using unaffected leg for support
- Patellar mobilizations (Stretch in 4 directions: medial, lateral, proximal, distal)
- Quad isometrics (hold for 10 seconds, with 5 repetitions)
  - progress to straight-leg raises with the brace unlocked

PHASE II: Begins 2 weeks postoperatively to 6 weeks postoperatively

Goals:
- Protect the knee from falls
- Control inflammation
- Maintain full extension, progress flexion

Weight-Bearing Status and Brace:
- Touch-down weight-bearing for 6 weeks with 2 crutches
- Brace unlocked from 0 to 90 degrees for ambulation
- May remove brace at night

Therapeutic Exercises (3 times per day):
- All exercises from Phase I
- Prone hangs to promote knee extension
- Heel slides with assistance from unaffected leg
- 4-way hip for flexion, extension, abduction and adduction
- Short arc extensions in terminal knee extension (0-30 degrees)

PHASE III: 6 weeks postoperatively and to 12 weeks postoperatively

Criteria for advancement to Phase III:
- No signs of active inflammation
- Flexion to 90 degrees

Goals:
- Restore normal gait
- Maintain full extension, progress flexion

Weight-Bearing Status:
- Progress to weight-bearing as tolerated with 2 crutches
- Transition to 1 crutch after a week, and then discontinue crutches as tolerated
    - Continue the brace until able to ambulate well without assistive device

Therapeutic Exercises:
- All exercises from Phase I-II
- Stationary bike (no tension; begin with high seat & progress to lower seat for ROM)
- Wall slides from 0-45 degrees of knee flexion
- Treadmill walking with emphasis on normalization of gait pattern
- Step-up/Step-down beginning at 2", gradually progress height as tolerated

PHASE IV: 12 weeks postoperatively and extends through 24 weeks postoperatively

Criteria for advancement to Phase IV:
- Full range of motion and normal gait
- No difficulty with wall slide to 45 degrees

Goals:
- Improve strength and endurance in preparation for functional activities
- Initiate proprioceptive training while protecting the repair and patellofemoral joint

Therapeutic Exercises:
- All exercises from Phase I-III
- Progress to single leg wall slides and leg press to 90 degrees of flexion
- Elliptical trainer (transition to jogging when comfortable)
- Treadmill or track jogging, gradually increasing distance and speed
- Avoid uneven terrain or concrete surfaces such as sidewalks and streets
- Balance/Proprioceptive training (single leg stance, balance board)
- Plyometric training (see following page for guidelines)

Plyometric training (should be performed on dedicated soft, level surface with good traction).

16 weeks postop: Double limb hops (advance to 30 reps)
20 weeks postop: Add alternating single leg hop (advance to 15 reps each foot)
Add double limb forward, side, and back hops (advance to 10 reps each)
(distance should be 6 to 12 inches)
24 weeks postop: Add single leg hop (advance to 10 reps)
Increase distance of double limb forward hop as tolerated, add triple hop
24-36 weeks postop: If appropriate for desired sports or activities,
Add double leg rotational hops (90 degree turn midair, advance to 5 reps)
Add double leg rotational hops (180 degree turn midair, advance to 5 reps)

PHASE V: Begins 6 months postoperatively

Criteria for advancement to Phase III-V:
- Surgeon clearance
- Symmetric thigh musculature and performance within 10% of uninvolved limb

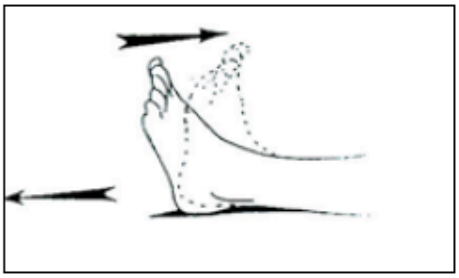
Goals:
- Maximize strength, endurance, and proprioception
- Gradual return to sport

Therapeutic Exercises:
- All exercises from Phase IV
- May jog on any surface as tolerated, gradually increasing distance and speed
- Non-linear running (zig-zag run, backwards run, Carioca each side for 50 yards each)
    - Start with 'walk-through' at < 1% of maximum effort
    - Increase 10% effort each session as tolerated
- Agility drills added after non-linear running mastered (shuttle run, box drill, weaves)
    - Start with 'walk-through' at < 1% of maximum effort
    - Increase 10% effort each session as tolerated
- Sport specific training/practice once agility drills mastered
    - Start with 'walk-through' at < 1% of maximum effort
    - Increase 10% effort each session as tolerated

General timeframe for typical return to sports

Jogging:	14 weeks postoperatively
Golf:	5 months postoperatively
Roller blading:	6 months postoperatively
Skiing:	7 months postoperatively
Return to practice for all other sports:	7 months postoperatively
Full return to sports:	9 months postoperatively

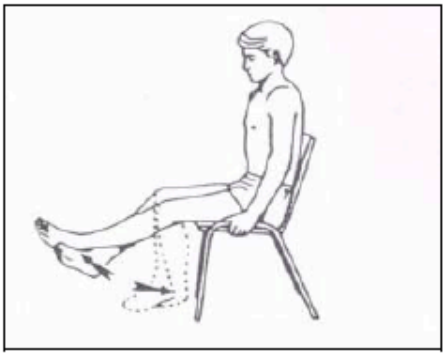
Exercise Diagrams (Phase I)



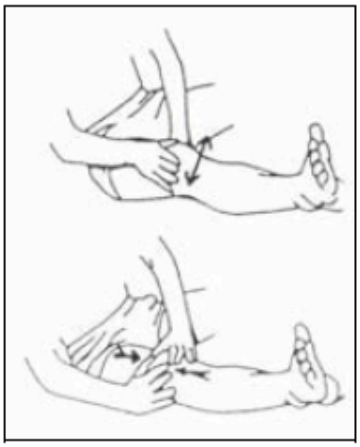
Ankle Pumps



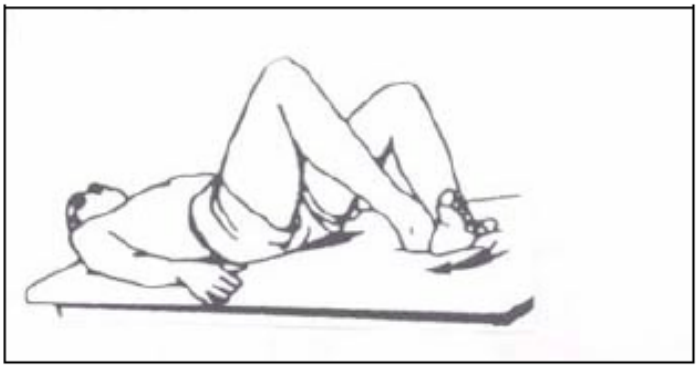
Sitting extension/hamstring stretch with *heel prop*
May also be performed recumbent (lying down)



Sitting *leg dangle* to 90 degrees
using unaffected leg for support

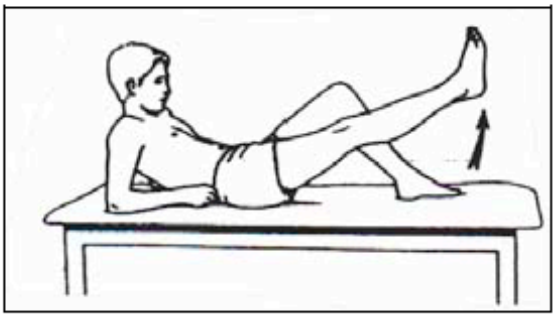


Patella mobilizations
stretch in 4 directions (side to side, up and down)

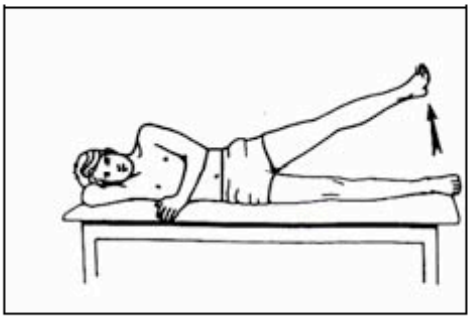


Recumbent *heel slides* with assistance

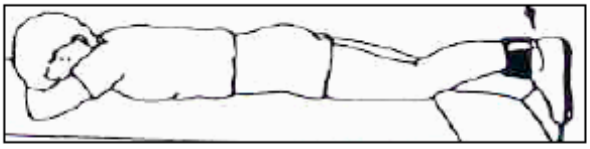
Exercise Diagrams (Phase 2)



Straight-leg raises



Hip abduction **(both legs)**



Prone hangs to promote full knee extension