

Meniscus Repair Rehabilitation

Dr. David R. Guelich

This rehabilitation protocol was developed for patients who have isolated meniscal repairs. Meniscal repairs located in the vascular zones of the periphery or outer third of the meniscus are progressed more rapidly than those repairs that are more complex and located in that avascular zone of the meniscus. Dependent upon the location of the repair, weight bearing status post-operatively as well as the intensity and time frame of initiation of functional activities will vary. The protocol is divided into phases. Each phase is adaptable based on the individual patients and special circumstances.

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

- Control pain, swelling, and hemarthrosis
- Regain normal knee range of motion
- Regain a normal gait pattern and neuromuscular stability for ambulation
- Regain normal lower extremity strength
- Regain normal proprioception, balance, and coordination for daily activities
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy should be initiated within 3 to 5 days post-op. It is extremely important for the supervised rehabilitation to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility. **Important post-op signs** to monitor:

- Swelling of the knee or surrounding soft tissue
- Abnormal pain response, hypersensitive
- Abnormal gait pattern, with or without assistive device
- Limited range of motion
- Weakness in the lower extremity musculature (quadriceps, hamstring)
- Insufficient lower extremity flexibility

Return to activity requires both time and clinic evaluation. To safely and most efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Isokinetic testing and functional evaluation are both methods of evaluating a patient's readiness to return to activity. Return to intense activities such as impact loading, jogging, deep knee flexion, or pivoting and shifting early post-operatively may increase the overall chance of a repeat meniscal tear and symptoms of pain, swelling, or instability should be closely monitored by the patient.

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Phase 1-Weeks 1-2 Meniscal Repair

WEEK	EXERCISE	GOAL
1-2	<p>ROM</p> <ul style="list-style-type: none"> Passive, 0-90° Patellar mobs Ankle pumps Gastoc/soleus stretch Hamstring/ITB stretch Prone hangs to facilitate extension <p>STRENGTH</p> <ul style="list-style-type: none"> Quad sets with E-stim/biofeedback SLR in 4 planes SAQ Multi-hip machine in 4 planes Hip flexion-seated Multi-angle isometrics (0-60°) <p>WEIGHT BEARING</p> <ul style="list-style-type: none"> Toe touch weight bearing in I-ROM with crutches <p>MODALITIES</p> <ul style="list-style-type: none"> E-stim/biofeedback as needed Ice 15-20 minutes with 0° knee ext <p>BRACE</p> <ul style="list-style-type: none"> Remove brace to perform ROM activities I-ROM with crutches Brace locked at 0° ext to protect repair 	0-90°

GOALS OF PHASE:

- Control pain, inflammation, and effusion
- Adequate quad/VMO contraction
- Independent in HEP
- TDWB to PWB as noted by Dr. Guelich

Phase 2-Weeks 2-4 Meniscal Repair

WEEK	EXERCISE	GOAL
2-4	ROM Passive, 0-120° Patellar mobs Gastoc/soleus stretch Hamstring/quad/ITB stretch Prone hang as needed Heel/wall slides to reach goal	0-120°
	STRENGTH Quad sets with biofeedback SLR in 4 planes with ankle weight Multi-angle isometrics (0-60°) Knee extension (90-30°) Heel raises/Toe raises Leg Press (110-40°) Wall squats	
	BALANCE TRAINING Weight shift (side/side, fwd/bkwd) Single leg balance Cup walk/Hesitation walk	
	WEIGHT BEARING PWB to FWB with crutches as tolerated Dependent upon Dr. Guelich	PWB to FWB
	BICYCLE May initiate bike when 110° flex is reached DO NOT use bike to increase flexion	
	MODALITIES Biofeedback as needed Ice 15-20 minutes	
	BRACE I-ROM with crutches Opened to 90° at wk 2 Opened to full ROM at wk 3-4	Discharge wk 4

GOALS OF PHASE:

- ROM 0-120°
- Adequate quad/VMO contraction
- Control pain, inflammation, and effusion
- PWB to FWB with quad control

