

## Meniscal Repair

**\*\*DISCLAIMER:** Total length of rehab will vary depending upon the following factors: severity or acuteness of injury, age, health, or personal goals of the patient.

**PRECAUTIONS:** Avoid closed chain pivoting/twisting/rotational movements for 8 weeks. (All closed chain strengthening and proprioceptive exercises should be straight plane movements to minimize rotational shear forces and disruption of the meniscal repair. Also avoid squats exceeding 90 degrees of knee flexion)

### Phase I: 0 - 4 weeks

#### Goals for Phase I:

1. Full AROM
  2. Good quadriceps/hamstring muscle tone
  3. Normal gait (unless NWB)
- A. Orthotics: Patient will be in an IROM knee brace if ACL reconstruction is also performed, TED hose worn on affected leg. polar care unit used throughout the day as needed.
  - B. Gait training: WBAT unless otherwise specified by physician.
  - C. Strengthening: Begin with isometrics-quad/ham/add sets, straight leg raises-all planes, ankle strengthening. Begin progressive resistive exercises as tolerated. (open and closed chain)
  - D. ROM: Restore full active/passive range of motion using heel slides, wall slides etc.
  - E. Flexibility: Calf, quad, and hamstring stretching
  - F. Soft tissue management: wound monitoring (avoid getting stitches wet), swelling control, scar massage, patellar mobilizations
  - G. Modalities: Use for pain, inflammation, swelling control, and muscle re-education as needed

### Phase II: 4 – 8 weeks

#### Goals for Phase II:

1. strength w/in 20% of uninjured (quads/hamstrings)
- A. Orthotics: Not indicated unless ACL reconstruction also performed. (If so, refer to ACL protocol)
  - B. Strengthening: Begin aggressive progressive resistive exercises: theraband, tubing, cuff weights; leg presses, standing calf raises, hamstring curls, knee extensions, squats/wall squats (not > 90 degrees knee flexion) etc.
  - C. Balance/proprioception: 1-leg standing with eyes open/closed, trampoline single leg balance, dynadisc single leg balance if good muscular control etc.
  - D. Functional activities: Stationary bike, swimming, stairclimber, etc.
  - E. Modalities: Continue as needed

### Phase III: 8 – 16 weeks

#### Goals for Phase III:

1. Begin sport-specific exercises
  2. Full ROM
- A. ROM/Aggressive strengthening/Flexibility/Balance-continue as tolerated
  - B. Functional activities: Sport/Job-related drills: hopping, cariocas, bounding; begin running program: jogging, progressing to running, figure 8s, cutting etc.

### Phase IV: 16 weeks to release

#### Goals for Phase III:

1. Normal strength-80% as per Biodex
  2. Return to work/sports activities
- A. Biodex testing: Involved leg 80% of uninjured leg. Test at approximately 3 months
  - B. Continue strengthening/conditioning/functional activities as needed