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**Post-Operative Rehabilitation Protocol:**

**Meniscus Repair**

**Introduction:** The key factors in meniscal repairs include:

- ✓ Anatomic location of tear
- ✓ Tear pattern
- ✓ Suture fixation – repair can fail if rehabilitation too vigorous
- ✓ Associated pathology – Cruciate ligament, cartilage, etc.

**PHASE I – MAXIMUM PROTECTION PHASE (WEEKS 0-6)**

GOALS: Diminish pain/inflammation, controlled ROM, prevent quad atrophy.

**I. Immediate Post-Operative to Week 4:**

**A. General:**

- \* Brace locked in full extension. May remove for shower/bathing.
- \* Elevate knee above heart level often
- \* Cryotherapy unit or ice 20 minutes/hour

**B. Weight Bearing:**

- \* Partial weight bearing (50%) in brace locked in full extension.
- \* ***Foot-flat touch down (10%) weight bearing if radial tear***
- \* ***NO weight bearing with flexed knee position***

**C. Range of Motion Goals:**

- \* Gradual AROM/PROM 0°-90° (start 0°-30° → 0°-50° → 0°-70° → 0°-90°)
- \* ***NO flexion > 90°***

**D. Treatment / Exercises:**

- \* Ankle pumps, Theraband ankle exercises
- \* Gentle patellar mobilization/scar mobilization
- \* VMO quad sets with biofeedback
- \* EMS especially important if patient unable to initiate quad sets or independent SLR
- \* Straight leg raises – 4 directions
- \* Gastroc stretching

## II. Weeks 4-6:

### A. General:

- \* Brace locked in full extension. May remove for shower/bathing
- \* Elevate knee above heart level often
- \* Cryotherapy unit or ice 20 minutes/hour

### B. Weight Bearing:

- \* WBAT with brace locked in full extension
- \* ***Foot-flat touch down (10%) weight bearing if radial tear***
- \* ***NO weight bearing with 90° flexed knee position***

### C. Range of Motion Goals:

- \* As above

### D. Treatment / Exercises:

- \* Continue above treatment
- \* PRE program initiated
- \* Flexibility exercises
- \* Surgical tubing exercises – diagonal patterns
- \* ***IF RADIAL TEAR, do not do next 3 exercises with affected limb***
- \* Toe raises
- \* Mini squats (0°-30°)
- \* Cycling
- \* ***NO weight bearing with 90° flexed knee position***

## PHASE II – MODERATE PROTECTION PHASE (WEEKS 6-12)

GOALS: Full ROM, improve ambulation, enhance neuromuscular control.

Enter Phase II if:

- ✓ Passive ROM 0°-90°
- ✓ Able to perform SLR, good quad control
- ✓ Minimal pain/swelling

## III. Weeks 6-12:

### A. General:

- \* Discontinue brace
- \* Cryotherapy unit or ice 20 minutes/hour at patient's discretion

### B. Weight Bearing:

- \* WBAT
- \* ***WBAT with crutches if radial tear. Discontinue crutches at Week 8***

### C. Range of Motion Goals:

- \* Progress to full active/passive ROM

**D. Treatment / Exercises:**

- \* Continue previous treatment / exercises
- \* Lateral step-ups – 30 sec x 5 sets □ 60 sec x 5 sets
- \* Isokinetic exercises
- \* Swimming, pool running/sprinting
- \* Nordic track, elliptical
- \* Stair machine
- \* Cycling
- \* Balance board
- \* Backward walking
- \* Plyometric program
  - \* ***NO*** weight bearing with 90° flexed knee position

**PHASE III – ADVANCED PHASE (MONTHS 3-4)**

GOALS: Improve neuromuscular control, enhance strength/endurance.

Enter Phase III if:

- ✓ Full painless ROM
- ✓ No pain/tenderness
- ✓ Satisfactory isokinetic test
- ✓ Satisfactory clinical exam

**IV. Months 3-4:**

**A. General:**

- \* As above

**B. Weight Bearing:**

- \* WBAT without assistive device

**C. Range of Motion Goals:**

- \* Progress to full active/passive ROM

**D. Treatment / Exercises:**

- \* Continue previous treatment / exercises
- \* Increase Tubing program, plyometrics, pool program
- \* Initiate running program

**PHASE IV – RETURN TO FULL ACTIVITY PHASE (MONTHS 4-6)**

GOALS: Gradual return to full activity.

Enter Phase IV if:

- ✓ Full painless ROM

- ✓ No pain/tenderness
- ✓ Satisfactory isokinetic test
- ✓ Strength at least 90% of unaffected limb
- ✓ Satisfactory clinical exam

**V. Months 4-6:**

A., B., C. As Above

**D. Treatment / Exercises:**

- \* Continue previous treatment / exercises
- \* Sport-specific training
- \* May begin squatting at 4 months
- \* Return to full unrestricted pivoting activity at 6 months and with MD approval

**\* Addendum**

This protocol provides general rehabilitation guidelines following Meniscus Repair. It is subject to modification depending on the extent and pattern of the injury as well as your individual progress post-operatively. For any questions, please call my office at 860-244-1017.