

R. JOHN ELLIS, JR., M.D.
LAWRENCE A. SCHAPER, M.D.
MARK G. SMITH, M.D.
G. JEFFREY POPHAM, M.D.
AKBAR NAWAB, M.D.
MICHAEL L. SALAMON, M.D.
MATTHEW R. PRICE, M.D.



DANIEL E. RUEFF, M.D.
SEAN M. GRIFFIN, M.D.
BRENT J. SINICROPE, M.D.
EVAN RHEA, M.D.
KELSI J. BARNES, PA-C
JENNIFER R. STREET, PA-C

MENISCUS REPAIR PROTOCOL

The following protocol is a guideline for rehabilitation following meniscus repair. The protocol may be modified depending on the location and extent of the meniscal tear and subsequent repair. The Orthopedic Surgeon may modify the time frames and weight bearing status, as necessary, to allow adequate healing time.

GENERAL GUIDELINES:

- Limit knee flexion to 90 degrees for 6 weeks
- Toe touch weight bearing, on crutches unless specified otherwise by M.D.
- Crutches should be used until adequate leg control is achieved
- Brace should be worn the entire 6 week period, unless otherwise specified by M.D.
- Sleep in brace 6 weeks, until ROM restrictions are removed
- Cryotherapy for 15-20 minutes, every 1 to 2 hours

Weeks 1-3

- ROM: 0 – 90 degrees
- Supine knee extension stretch
- Quad sets
- Patella mobilization
- Straight leg raises: *Focus on knee remaining locked during concentric and eccentric phase. No ankle weights until extension lag is eliminated.*
- Hip abduction and adduction. *Any resistance should be above the knee for the first few sessions until leg control is established.*
- Gluteal sets
- Stretches: Hamstrings, gastroc-soleus. IT Band if medial meniscus repaired.
- Ankle strengthening with bands or manuals
- Modalities, as needed, to control pain and swelling
- Electrical muscle stimulation to quads for re-education/activation
- Weight shift exercises at 3 weeks - if weight bearing is allowed
- *No active or resistive hamstring curls*

EASTPOINT OFFICE
13151 MAGISTERIAL DRIVE, SUITE 200
LOUISVILLE, KENTUCKY 40223
Telephone 502-587-1236
Fax 502-587-0126

BOOKKEEPING DEPARTMENT
5120 DIXIE HIGHWAY, SUITE 103
LOUISVILLE, KENTUCKY 40216
Telephone 502-587-7269
Fax 502-587-0318

SOUTHEND OFFICE
5120 DIXIE HIGHWAY, SUITE 103
LOUISVILLE, KENTUCKY 40216
Telephone 502-449-0449
Fax 502-449-3277

Weeks 4-6

- ROM: 0-90 degrees
- Progress to normal gait as tolerated
- May remove brace at 6 weeks if normal gait
- Progress hip exercises in all planes with weights as tolerated
- Progress quad exercises, in limited range
- Progress to calf raises once full weight bearing is allowed
- Progress balance, proprioception and weight shift exercise as tolerated and as weight bearing allows

Weeks 7 – 9

- Begin increasing ROM as tolerated, working toward normal
- Increase hip exercises as tolerated—multihip machine
- Increase quad exercises as tolerated, but still consider short arc of motion. *Evaluate patello-femoral status.*
- Begin mini-squats. Add weights as tolerated. Do not squat below 90 degrees. Progress to leg press machine (2 leg)
- Begin step-ups @ 2 inch height and increase to 6-8 inch as tolerated.
- Begin wall sits, protective range and not to more than 90 degrees.
- Lunges: standing to walking, increase range as tolerated, but not beyond 90 degrees
- Begin hamstring curls
- Increase proprioception to more dynamic exercise
- Begin cycling when ROM restrictions are lifted.
- Begin walking program. *No twisting or pivoting on the knee.*
- Start light aquatics program

Weeks 10 – 12

- Advance aquatics program, as tolerated
- Advance walking program with arm movements to allow more dynamic training
- Begin elliptical machine if no PF problems

3 – 4 Months

- May begin light, straight ahead jogging when comfortable with walking and closed chain program. Pain and swelling must be under control.
- When 80% normal speed is achieved, advance to circles, figure eights, lateral slides, agility and sport specific training.
- May begin Sportsmetrics agility program, if cleared by M.D. *Proper landing is critical.*

4 – 6 Months

- Return to normal activity when released by M.D. May perform functional knee testing to determine goal achievement.