



Meniscal Repair Protocol

Applicability: Physician Practice	Date Effective: 12/2016
Department: Rehabilitation Services	Date Last Reviewed / or Date Last Revision: 1/2018
Supersedes: Meniscus Repair Protocol (Dr. Beattie)	
Administration Approval: Amy Putnam, VP Physician Services	

Purpose: Define the protocol to be followed for all patients referred from Northwestern Orthopedics after the above procedure has been performed.

Policy Statement: Treatment will follow the defined protocol below and be carried out by Physical Therapist, Athletic Trainer and/or Physical Therapy Assistants.

Background: N/A

Definitions: N/A

Procedure:

Outpatient Physical Therapy begins at post op day 3

MAXIMUM PROTECTION PHASE (weeks 1- 6)

- Goals:* Control edema
 Allow early healing
 Full passive knee extension
 Gradually increase knee flexion
 Independent quadriceps control

Variance: If Meniscal Repair performed in addition to ACL reconstruction please refer to surgeon for which protocol to follow and for any specific precautions

POD 1- 10

Precautions: avoid active knee flexion

Edema Control:

- Ice/Cryocuff
- Tensogrip/kinesiotape
- Elevation
- ESTIM

Dressing change:

Remove at post op day 3, cleanse and apply band-aids

Brace:

- ambulation (6 weeks)
- sleep (3 weeks)
- remove for gentle ROM

Gait:

WBAT in brace with crutches

Exercises:

PROM 0-90 degrees
Patellar Mobs
Hamstring and calf stretch
Quad Set, SLR
Hip abduction/adduction
Seated Knee extension 60-0 degrees

Weeks 2 – 4

Precautions: avoid forced knee flexion, deep squatting and twisting

Edema Control:

Ice/Cryocuff
Tensogrip/kinesiotape
Elevation
ESTIM

Brace: ambulation (6 weeks)
sleep (3 weeks)
remove for gentle ROM

Gait: WBAT wean from crutches as indicated (usually 3 weeks)

Exercises: Continue PROM exercise (bicycle once ROM appropriate)

ROM Goals:
0-90 degrees @ 2 weeks
0-105 degrees @ 3 weeks
0-120 degrees @ 4 weeks

Multi-angle quad isometrics
SLR all planes
Seated knee extension 90-0 degrees
Closed Chain weight shifts (diagonal) in brace
Balance Training in brace
Aquatic Exercises if appropriate

Weeks 5 – 6

Precautions: avoid forced knee flexion, deep squatting and twisting

Edema Control:

Ice/Cryocuff
Tensogrip/kinesiotape
Elevation
ESTIM

Brace: ambulation (6 weeks)
remove for gentle ROM

Exercises: Continue ROM and stretching to maintain goal of 0-135 degrees
Initiate hip abd/adduction. Hip flexion/extension on mult-hip machine
Proprioceptive Training- tilt board squats in brace
Biodex Balance Stability in brace

(6 weeks)

Mini squat (0-45 degrees)
Leg Press (0-60 degrees)
Wall squat (0-60 degrees)

MODERATE PROTECTION PHASE (Weeks 7-12)

Goals: Establish full PROM
Resolve edema
Re-establish muscle control
Promote proper gait pattern

Weeks 7-10

Continue edema management as needed

Exercises: Continue ROM and stretching
Leg Press
Knee Extension
Hip Abduction/Adduction
Wall Squats
Lateral step ups
Front step downs
Biodex Balance Stability
Squats rocker board
Bicycle

Avoid deep knee bends past 90 degrees and full squats

CONTROLLED ACTIVITY PHASE (Weeks 9-16)

Goals: Improve strength and endurance
Maintain full ROM
Gradually increase applied stress

Exercise:

Continue all exercises listed above
Initiate "light" hamstring curls
Initiate toe/calf raises
Initiate stairmaster
Progress to isotonic strengthening program
Initiate front lunges



Initiate pool running forward/backward
Initiate walking program

RETURN TO ACTIVITY PHASE (Months 4-6)

Goals: improve strength and endurance
Prepare for unrestricted activity

Deep squatting permitted at 4 months
Initiate straight line running at 4 months
Initiate pivoting and cutting at 5 months
Initiate agility training and non-contact sport specific training at 5 months
Gradually return to sports at 6 months once cleared by MD

Note Well: Variances will be communicated by the surgeon directly to Rehabilitation Services.

Monitoring Plan: Rehab Chart Audit

Related Policies: N/A

References: N/A

Reviewers: Rehab and Ortho

- A. Key Stakeholders:** Michael Barnum, Ortho Medical Director
- B. Committees:** N/A
- C. Key Process Owner (KPO):** Kristy Cushing, Manager Rehab Services. Karen Staniels
Director of Ortho and Rehab

Not part of policy: [ADD Key words for policy search if end user didn't know the name]