



## Meniscal Repair Protocol

<b>Applicability:</b> Physician Practice	<b>Date Effective:</b> 12/2016
<b>Department:</b> Rehabilitation Services	<b>Date Last Reviewed / or Date Last Revision:</b> 1/2021
<b>Supersedes:</b> Meniscus Repair Protocol (Dr. Beattie)	
<b>Administration Approval:</b> Deanna Orfanidis VP, Chief Nursing Officer	

**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 to 90 degrees maximum

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:*

Locked in extension for 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:** Locked in extension for 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 and limit to 90 degrees)

ROM Goals:

0-90 degrees (limit flexion to 90 degrees until 4 weeks post op)

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:** Locked in extension for 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.

**Related Policies:** N/A

**References:** N/A

### **Reviewers:**

#### **A. Key Stakeholders:**

- Dr. Andrew Myrtue – Medical Director, Ortho & Rehab Service Line
- Karen Staniels – Director, Ortho, Rehab & Occupational Health

#### **B. Committees:** N/A

#### **C. Key Process Owner (KPO):** Kristy Cushing – Manager, Rehab Services

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