



## 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> 12/2016
<b>Supersedes:</b> Meniscus Repair Protocol (Dr. Beattie)	
<b>Administration Approval:</b> 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

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