Dr. Ruwe Meniscal Repair Protocol

The following guidelines are for rehabilitation of patients status post isolated meniscal repair. Advancement within the time frames will be determined by the surgeon and/or physical therapist and will be based upon the healing process as well as muscular strength and control. Normal variations will occur. Report significant deviations to surgeon

Upper body exercises may be performed throughout the rehabilitation process; meniscal repair precautions must be followed.

Precautions:

1. Knee immobilizer will be worn when weight bearing until post-operative week 3.
2. Knee ROM will be held to 90 degrees until post-operative week 3, unless otherwise instructed.
3. Resisted abduction/adduction will be limited to the direction opposite the repair until post-operative week 8, unless otherwise instructed.
4. Open chain knee-extension strengthening will be limited to 90 degrees-20 degrees if patellofemoral symptoms are evident; otherwise terminal extension will be permitted.
5. It is recommended that jumping/plyometrics be avoided indefinitely. Avoid ladders and excessive stair climbing for six months.
6. Advancement to running and athletics will occur after post-operative week 16, as determined by the surgeon and performances on selected strength testing.

TIME FRAME: **Post-op week 1-3**

WBAT with knee immobilizer:
GOALS:

0-90 degrees ROM
Prevent disuse atrophy and quad shut-down
Initiate isotonics
Normal patellar mobility
Reduce pain and edema

GUIDELINES:

Quad sets; quad-ham co-contractions; ankle pumps.
A/AA/PROM to 90 degrees in supine, sitting, prone.
Hip PRE's away from repair.
Stationary bicycle (partial ROM and progress)
Patellar and scar mobilizations.
Modalities PRN for edema and pain reduction.
Electrical stim to quads PRN.
At 2 weeks initiate leg curl and leg extension within precaution parameters.

Eagle Leg Press 0-60 degrees to body weight as tolerated.

Post-op Weeks 3-6

WB with crutches without knee immobilizer.
Progress to FWB by end of phase.
Goals: Full A/PROM; Increased strength; Initiate isokinetics.

GUIDELINES:

Patient may be FWB without immobilizer if demonstrate good knee control and no instability. Criteria includes independent single-leg standing and gait without deviation.

Anti-inflammatory meds if edema persists.
May begin Nordic Track when FWB.
Initiate closed-chain activities including mini-squats and step downs.
Increased leg press per WB status, 0-90 degrees.
Isokinetics in 90-20 degree ROM as tolerated.
Proprioceptive facilitation.
Continue ROM for quad and hamstring flexibility
Isotonics
Cardiovascular activities

Post-op Weeks 6-16

GOALS:

FWB with maximizing strength; building endurance and improving proprioception

GUIDELINES:

Continue and advance all strengthening, endurance and proprioceptive activities.

Post-op Months 4-6

Goal is to return to athletics within precaution parameters

GUIDELINES:

When strength 75%-80% of uninvolved leg, initiate jogging and lateral activities.
When quad strength 90% of uninvolved leg, initiate functional training, include running, cutting, braiding with carioca.

Projected return to athletics:

Swimming: 2-4 weeks, no jumping or diving
Golf: 4 months
Low-impact aerobics, jogging: 4 months
Tennis: 4 months
Basketball, skiing: 6 months.