



**ISOLATED MENISCAL REPAIR
PROTOCOL**
Raj Bazaz, MD
(303) 321-1333 or
Toll free 1-888-900-1333 (outside Denver)
www.western-ortho.com

A. **Initial Maximum Protection Phase:** (roughly first month post-op)

1. Modality Care for Pain and Effusion (must prevent quad shutdown)
 - a. ice – compression – elevation
 - b. Electrical stimulation to quadriceps
2. Brace Range of Motion: 0-90° passive ROM allowed within confines of brace.
3. Weight Bearing Status
 - a. toe touch to PWB for first 3 weeks with knee locked in brace in full extension
 - b. 50% PWB for weeks 3-6.
4. Manual Therapy
 - a. patellar mobilizations
5. Exercise: (in brace)
 - a. Quadricep Isometrics
 - b. 4-plane SLR
 - c. Passive range of motion
 - d. Single leg cycling of uninvolved leg and/or UBE

B. **Subacute Initial Mobilization Phase** (roughly 2nd month)

General Goals: Gradual return to FWB status and development of muscular endurance (not strength).

1. Modality Care prn – ice post activity or exercise; compression and elevation prn
2. Weight Bearing Status: (suggested progression)
 - a. weeks 3-6 50% PWB
 - b. after 6 weeks full weight bearing without protection of brace
3. Exercise Program: (possibly still in brace)

- a. gradual increases in resistance to 4 plane SLRs with careful monitoring of varus/valgus stresses.
- b. Protected Arc Open Chain Knee Extension based on repair site
- c. Open chain surgical tubing resisted hip, knee, and ankle exercises.
- d. Initiation of proprioception training:
 - 1. soleus pumps – heel raises progression
 - 2. NWB/PWB BAPS Board
 - 3. Supine Quad Press with low resistance
- e. Lower Extremity Flexibility Program with exception of quadriceps stretching
- f. Stationary Cycling with mild pedal tension. Progressively out of brace during cycling.

C. Intermediate Functional Strength Improvement Phase: Months 2-5

General Goals: Emphasis on strength, power, endurance, functional activities, and normalizing lower extremity flexibility

- 1. Exercise Program: (out of brace)
 - a. Quadricep stretching can be initiated slowly
 - b. Lower Extremity Progressive Resistive Exercise – can now slowly progress towards full arc ranges of motion
 - c. Low intensity, high repetition hamstring curls initiated
 - d. Weight Bearing Exercises:
 - 1. Mini-Squats
 - 2. Lateral Step Ups
 - 3. Standing BAPS Board
 - e. Isokinetic Exercise – high speed work to avoid compressive and shear forces.
 - f. Cardiovascular Training:
 - 1. Pool Therapy – walking/kicking
 - 2. Stationary Bike
 - 3. Elliptical Machine
 - 4. Stairclimbing device

D. Return to Activity Phase – 5-6 months post

General Goals: Preparation for return to sport or occupational demands

- 1. Functional Progression:
 - a. Progressive Plyometric Program if relevant to patient goals

- b. Coordination Activities – hops, side-steps, crossovers, cariocas, etc.
 - c. Walk-Run Progression Protocol over 4-8 weeks
 - d. Agility Training
2. Functional and Isokinetic Evaluation Prior to Return to Sport/Occupation

REHABILITATION PROGRAM SUMMARY:

1. Immediate protected motion post-operatively (0-90° for month)
2. Locked in full extension if early weight bearing; FWB at 4-6 weeks
3. Neoprene Compression Knee Sleeve effective to decrease swelling and provide support
4. Slow, gradual progressions based on healing requirements
5. Alter program according to objective findings of pain over repair site and/or swelling
6. Protect meniscal repair by avoiding ROM which stresses the repair
7. No resistive flexion for 2 months
8. No squats or twisting activities for 3-6 months
9. 4-6 month restriction on athletic activity