

MEDICINE Dr. Joshua D. Harris Houston Methodist Hospital Center for Orthopaedics & Sports Medicine

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Meniscal Repair Protocol

Name Today's Da	te
Diagnosis Surgery Date	te
Frequency: 1 2 3 4 5 times/week Duration: 1 2 3 4 5 6 weeks	Side: R / L
☐ Evaluate only ☐ Provide home exercise program (HEP)	
☐ Evaluate and Treat	
 PHASE 1: Period of protection; Weeks 0 - 4 Active and passive NWB range-of-motion 0-90°; Obtain full extension Weight-bearing as tolerated with crutches and brace locked in extension Brace locked in extension while sleeping (0-2 weeks) 	Patellar mobs, SLR with brace locked in extension until no extensor lag, heel slides, quad/hamstring sets, NWB heel cord stretch, ankle pumps, prone hang
 PHASE 2: Weeks 4 - 6 Active and passive NWB range-of-motion 0-135° Weight-bearing as tolerated with brace locked in extension No weight-bearing with any knee flexion 	Body weight toe raises, begin core wor progress to WB heel cord stretch with knee in brace locked in extension
 PHASE 3: Weeks 6 - 8 Weight-bearing as tolerated with brace unlocked Discontinue brace when quad strength adequate Ensure full motion 	Short-arc (0-45°) closed-chain exercises squats, leg press, lunge, progress proprioception, StairMaster, NordicTra continue core
 PHASE 4: Weeks 8 - 12 Full weight-bearing without brace, full motion Normal gait 	Begin stationary bike, proprioception exercises, continue squats, leg presses, lunges at 0-90°
 PHASE 5: Weeks 12 - 26 Gradual return to sport training and competitive sport Maintenance strengthening, flexibility May begin jogging and progress to running 	Sport-specific training, maintenance strengthening for core, hip abduction, hip extension, quads, hamstring, gastro flexibility, plyometrics, proprioception
Comments:	
Modalities: Per therapist Electrical Stimulation Ultrasound Heat before/a Aquatherapy Massage Trigger points ART (Active release techniques) Oth	
Signature	Date