

## Meniscal Repair Post-operative Rehabilitation Protocol

### Phase I: Days 1 to 10

#### Day 1

##### Brace

- Knee immobilizer (used for four weeks), TED hose to be worn until ambulation has returned to normal pre-surgery level or two weeks. Crutches used regularly.

##### Knee Motion

###### Active Range of Motion:

- Ankle pumps
- Quadriceps sets

Note: Toe touch weight bearing for two weeks. Moderate to severe calf pain or shortness of breath should be reported immediately. Ice regularly.

#### Days 2 to 7

##### Brace

- Knee immobilizer

##### Knee Motion

###### Passive Range of Motion:

- Extension-prone hanging and heel prop

###### Active Range of Motion:

- Straight leg raises ten per hour
- Quadriceps sets ten per hour

##### Modalities

- Neuromuscular electrical stimulation if patient has quadriceps shut down. Thirty minutes, two times a day, seven days a week.

Note: Return to office one to two days post-op for dressing change and incision inspection. Gait and crutch training – toe touch weight bearing in knee immobilizer. Discontinue ankle pumps.

#### Days 7 to 10

##### Knee Motion

###### Active Range of Motion:

- Hip flexion, extension and abduction in prone, supine and sidelying.

Note: Return to office for suture removal.

### Phase II: Weeks 2 to 4

##### Brace

- Knee immobilizer. Possible use of crutches.

##### Goals

- Full passive extension should be achieved by post-op week three.

## **Knee Motion**

### **Passive Range of Motion:**

- Patellar mobilization

### **Active Range of Motion:**

- Quad sets
- Straight leg raises
- Hamstring sets at 30 degree knee flexion
- Side lying adduction and abduction
- Prone hip extension

### **Isometrics:**

- Wall sits at 30 to 40 degree of knee flexion out of knee immobilizer

### **Strength:**

- Progress to t-band hip flexion, extension, abduction, adduction for both legs if time allows.
- Partial squats out of knee immobilizer
- Theraband leg press and plantar flexion

**Note:** At three to four weeks post-op, increase weight bearing as tolerated while in knee immobilizer.

## **Phase III: Weeks 4 to 8**

### **Brace**

- Remove knee immobilizer at week four

### **Goals**

- Increase range of motion slowly to 90 degrees
- Utilize crutches/cane as needed until normal gait is achieved

### **Knee Motion**

#### **Active Range of Motion:**

- May begin use of stationary bike at four weeks (no resistance)

**Note:** Monitor patellar mobility. Unrestricted walking out of knee immobilizer after week four.

## **Phase IV: Months 2 to 4**

### **Brace**

- None

### **Knee Motion**

#### **Strength:**

- Low resistance, high repetition workout
- Full range of motion strengthening as tolerated (Discourage deep squatting and squatting until four months post-op)

#### **Proprioception:**

- Monitor patellofemoral joint pain and avoid activities that may aggravate it.

### **Functional**

- Four to five months post-op begin plyometric activities for specific sports – foot contacts to 80 to 100 for first three to four weeks.
- At five to six months, begin functional progression to sports

### **Cardiovascular Endurance**

- Utilize stationary biking and swimming (no whip kick)

Helping you achieve the optimal activity level for your lifestyle is my first priority.

- Scott Gudeman, MD



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