

Orthopaedic Sports Specialists, P.C.

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Meniscus Repair - Rehabilitation Protocol

Our protocol for rehabilitation following meniscal repair is divided into four phases: maximum protection, moderate protection, advanced phase and return to activity phase. These time periods are based primarily on the healing time of peripheral tissues, and location of the tear.

The Key Factors in Meniscal Repairs Include:

1. Anatomical site of tear.
 2. Suture fixation-can lead to failure if too vigorous
 3. Location of tear-anterior or posterior
 4. Other pathology; i.e. PCL, ACL
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Phase I Maximum Protection Phase: Weeks 1-6:

Stage I: Immediate post-surgery day 1 thru week 3

Ice, compression, elevation

Electrical Muscle Stimulation

Brace locked at 0 degrees for ambulation

Range of motion 0-90 degrees

Motion is limited for the first 7-21 days, depending on the development of scar tissue around repair site. Gradual increase in flexion ROM based on assessment of pain (0-30 degrees then 0-50, 0-70, 0-90)

Patellar Mobilization

Scar tissue Mobilization (at incision)

Passive range of motion 0-90.

Exercises

∞ quadriceps isometrics

∞ hamstring isometrics (post. horn light hamstring exercises for first 3 weeks with gradual increase to 6 weeks)

∞ hip abd/adduction

Weight bearing as tolerated with crutches with brace locked at 0 degrees.

Proprioception Training

Stage II: Week 4-6

Weight bearing - full (without assisted device), brace locked at 0 degrees.

Exercises:

PRE program initiated
Limited range knee extension
(in range less likely to impinge or pull on repair)
Toe Raises
Mini-squats
Cycling
Surgical Tubing Exercises-diagonal patterns
Flexibility Exercises

Phase II - Moderate Protection Phases: Weeks 6-10:**Goals:**

- ∞ Increase strength,power,endurance
- ∞ Normalize Range of motion of knee
- ∞ Prepare patient for advanced exercises

Criteria to Progress to Phase II:

1. Range of motion 0-90 degrees
2. No change in pain or effusion
3. Quad control
"Good Medial meniscal tear "

Exercises:

Strength - PRE program continues
Flexibility Exercises are emphasized
Lateral Step-ups - 30 sec x 5 sets - 60 sec x 5 sets
Mini-squats
Isokinetic Exercises

Endurance Program:

Swimming
Cycling
Stair Machines
Pool Running

Brace:

Discontinue with good quad control, 90% of full ROM, No pain.

Coordination Program:

Balance Board
High Speed Bands
Pool Sprinting
Backward Walking

Plyometric Program

PHASE III - Advanced Phase: Weeks 11-15:**Goals:**

- ∞ Increase Power, endurance
- ∞ Emphasize Return to Skill Activities
- ∞ Prepare to return to full unrestricted activities

Criteria to Progress to Phase III:

1. Full non-painful ROM
2. No pain or tenderness
3. Satisfactory isokinetic Test
4. Satisfactory clinical exam

Exercises:

Continue all exercises in Phase II
Increase Tubing Program, Plyometrics, Pool Program
Initiate Walk - Running Program

Sports Specific Drill Program:

Individualized to meet patients athletic goals
Sports simulation activities
Address demands for deep flexion, rapid extension, lateral & pivoting activity, and risk for contact.

Return to Activity:

Doctors release.

Criteria for Return to Activity:

1. Full non-painful ROM
2. Satisfactory Clinical Exam
3. Satisfactory isokinetic Test