



Arthroscopic Meniscal Repair

Post-Operative Rehabilitation Protocol

Lake Cook Orthopedics

The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone arthroscopic lateral or medial meniscal repair. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Phase 1: **Time Frame:** 0-4 weeks

Immobilization: Knee immobilizer locked in extension.

Restrictions: NWB x 4 weeks for isolated bucket handle tears. For smaller meniscal repairs and repairs patient may be WBAT in brace locked in extension. Do not flex past 90°, or combine flexion and WB. Goal is to reduce hemarthrosis, restore voluntary quadriceps contraction, and obtain 0-90° pain free.

Exercises: AROM and isometrics within surgical precautions, including early weight shifting and proprioception training. Patellar mobilizations, PROM as tolerated.

Phase 2: **Time Frame:** 4-8 weeks

Immobilization: None if good quadriceps contraction

Restrictions: No weight bearing with greater than 90° of flexion. Goal is normal gait pattern without brace, normal ROM and quad strength at least 4/5 by week 6.

Exercises: Initiate bicycle, hamstring PRE, continue with pain free isotonic exercises, initiate closed chain exercises in limited ROM (0-60°), begin squatting

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activity, leg press, progress balance activity to single leg stable surfaces and bilateral unstable surfaces.

Phase 3: **Time Frame:** 8-12 weeks

Immobilization: None

Goals: Knee stability, particularly with single leg balance and controlling terminal knee extension.

Exercises: Progress isotonic strength training including multiple planes and single leg activity. Progress balance to single leg dynamic activity, cardiovascular training 8 weeks (bike, elliptical, swim), may initiate running with physician approval.

Phase 4: **Time Frame:** 12+ weeks

Immobilization: None

Exercises: Continue strength and conditioning, sport specific exercises, complete agility and running activity. May begin bilateral low-level plyometrics, with physician approval.