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Meniscus Repair

This information and protocol is a guideline, individual variations and changes will apply

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-4 PT 1-2x/week HEP daily	Full passive extension ROM 0-90° Patella mobility Edema and pain control SLR without lag Promote independence	WBAT with brace locked Limit knee flexion: 0-90° Brace at 0° for ambulation & sleep Avoid active knee flexion	A/A/PROM emphasize extension Short crank ergometry Patella mobilization Quad re-education and SLR Hip/Core training
Weeks 4-8 PT 2-3x/week HEP daily	Full passive extension ROM 0-125° Normalize patella mobility Edema and pain control Improve quad control Promote independence Normalize gait Ascend 8" step with control	Brace open 0-90° for ambulation Brace locked at 0° for sleep Limit knee flexion to 125°	AAROM knee flexion/extension Standard ergometry (ROM>115°) Patella mobilization Quad re-education Proprioceptive training Hip/Core training Bilateral leg press 0-60°
Weeks 8-14 PT 1-2x/week HEP daily	Full ROM Descend 8" step with control Improve endurance Protect patellofemoral	DC brace/crutches when adequate quad and non-antalgic gait No running	Progress squat/leg press Forward step-up/down program Advance proprioceptive training Elliptical, retrograde treadmill
Weeks 14-20 PT 1-2x/week HEP daily	Symptom free running Improve strength/flexibility Hop Test >85% limb symmetry	Avoid painful activities	Forward running program at 16 weeks (when 8" step down OK) Progress squat program <90° flexion Advance agility program Plyometrics when sufficient base
Weeks 20+ PT 1x/week HEP daily	No apprehension with sport specific movements Strength and flexibility to meet sporting demands	Avoid painful activities No sport until MD clearance	Advance flexibility/agility/plyometrics Sport specific training