



MENISCUS REPAIR POST-OP PROTOCOL

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Patient Name:
Date of Surgery:

Phase I: Surgery - 4-6 weeks post-op

Rehabilitation Goals

Protection of the post-surgical knee
Restore normal knee extension
Eliminate effusion (swelling)
Restore leg control

Precautions

The patient may gradually wean from two crutches to one crutch to no crutches as long as the knee is in the locked knee brace, and there is no increase in pain or swelling for 4 weeks.
Knee brace locked for all weight-bearing activities for 4 weeks
Do not flex the knee past 90°

Range of Motion Exercises

Knee extension on a bolster
Prone hangs
Supine wall slides
Heel slides (caution with poster medial meniscus repair secondary to the semimembranosus insertion)
Knee flexion off the edge of the table

Suggested Therapeutic Exercise

Quadriceps sets
Straight leg raises
4-way leg lifts in standing with a brace on for balance and hip strength
Abdominal isometrics

Cardiovascular Exercise

Upper body circuit training or upper body ergometer

Progression Criteria

4 weeks after surgery

Pain-free gait without crutches

No effusion (swelling)

Phase II- Start after Phase I criteria are met (~4 weeks post-op)

Rehabilitation Goals

Single leg stand control

Normalize gait

Good control and no pain with functional movements, including step up/down, squat, partial lunge (between 0° and 60° of knee flexion)

Precautions

No forced flexion with passive range of motion with knee flexion or weight-bearing activities that push the knee past 60° of knee flexion

Avoid post-activity swelling

No impact activities

Suggested Therapeutic Exercise

Non-impact balance and proprioceptive drills

Stationary bike

Gait drills

Hip and core strengthening

Stretching for patient-specific muscle imbalances

Quadriceps strengthening, making sure that closed chain exercises occur between 0° and 60° of knee flexion

Cardiovascular Exercise

Non-impact endurance training: stationary bike, nordic track, swimming, deep water running or cross trainer

Progression Criteria

Normal gait on all surfaces

Ability to carry out functional movements without unloading affected (injured) leg or pain, while demonstrating good control

Single leg balance greater than 15 seconds

Phase III- Start after Phase II criteria are met (~ 3 months post-op)

Rehabilitation Goals

Good control and no pain with sport and work specific movements, including impact

Precautions

Post-activity soreness should resolve within 24 hours
Avoid post-activity swelling
Avoid posterior knee pain with end range knee flexion

Suggested Therapeutic Exercise

Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to the other and then 1 foot to the same foot
Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities
Strength and control drills related to sport specific movements
Sport/work specific balance and proprioceptive drills
Hip and core strengthening
Stretching for patient-specific muscle imbalances

Cardiovascular Exercise

Replicate sport or work specific energy demands

Return to sport/Work criteria

Dynamic neuromuscular control with multi-plane activities without pain or swelling