



MENISCAL REPAIR

REHABILITATION PROTOCOL

REHABILITATION PROGRESSION

The following is a general guideline. Please consult Dr. Syal/Dr. Soswa if there is any uncertainty concerning advancement of a patient to the next phase of rehabilitation. Rehabilitation should be individualized according to patient status.

PRECAUTIONS

- supervised physiotherapy is expected for approximately 2-3 months
- compression knee sleeve may be worn immediately post-op or once able to fit, and continued for duration of rehab
- initially ambulate with axillary crutches for first 6 weeks

PHASE I (WEEK 0-4)

- toe touch weight bearing as tolerated (with axillary crutches) 12-14 days
- progress to full weight bearing with crutches
- active and passive ROM (limit flexion up to 90°)
- patellar mobilizations
- foot and ankle exercises, straight leg raise
- TENS: electrical muscle stimulation
- isometric quads, hamstrings, calf muscles
- modalities for inflammation, as needed
- keep wound dry for 12-10 days

PHASE 2 (WEEKS 4-8)

- precautions: no running, jumping, twisting, breast stroke
- full weight bearing, no aids
- straight leg raise – all planes
- stretches/flexibility exercises
- closed kinetic chain exercises – lower extremity (up to 90° knee flex)
- start resisted lower extremity exercise
- balance and proprioception
- cycling – no tension; gradually increase time
- start elliptical or swimming for knee ROM and strengthening
- after 6 weeks – start treadmill



PHASE 3 (WEEKS 8-12)

- continue with flexibility exercises: avoid extreme of flexion (i.e. crouch, squat)
- continue closed kinetic chain for lower extremity: in Weight bearing
- continue with lower extremity resisted exercises
- start mini-squats (up to 90° flexion)
- stairmaster, Nordic Track (maintain above precautions)

PHASE 4 (WEEKS 12+)

- continue with strength, functional, proprioceptive and endurance training
- after 16 weeks: start jumping, light running
- return to work/sport activities

SOURCES:

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