

## Meniscal Repair Rehab Protocol

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

DOS: \_\_\_\_\_

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 weeks

### Phase 1 (0-6 weeks)

- Goals: Control swelling, restore neuromuscular communication loops, prevent kinesiophobia; gait training
- Modalities: Compressive cyrotherapy, e-stimulation
- Weight bearing:
  - 0-6wks: Non-weightbearing
- Brace: worn at all times except for hygiene and PT
- ROM: Early goal is to capture terminal extension.
  - Brace locked in extension for 48 hours.
  - Brace ROM advanced after 2-days to 0-90° through 4 weeks.
  - Weeks 4-6wks ROM is opened 90-120°
- Exercises:
  - NO weight bearing with flexion > 90° 0-4wks
  - Quadriceps sets, SLR, patellar mobilizations, heel slides

### Phase 2 (6-12 weeks)

- Weight bearing: Advance to full weightbearing
- Brace: Begin to wean from brace as tolerated, advocate to continue in uncontrolled settings or adverse weather
- ROM: Progress to full ROM
- Exercise: Progress closed chain activities. Begin hamstring work, lunges/leg press 0-90, proprioception exercises, balance/core/hip/glutes. Begin stationary bike when able. Heel slides, quad sets, patellar mobs, SLR, SAQ; addition of heel raises, total gym (closed chain), terminal knee extensions. Activities w/brace until 6 weeks; then no brace as tolerated

### Phase 3 (12-20 weeks)

- Weight bearing: Full
- Brace: None
- ROM: Full
- Exercises: Progress phase 3 exercises and functional activities: single leg balance, core, glutes, eccentric hamstrings, elliptical and bike. Swimming ok at 12 weeks. Advance to sport-specific drills and running/jumping after 16 weeks once cleared by MD.