Post-operative Rehabilitation Protocol

Meniscal Repair

Brace 0-90° for 5 weeks post op
50% weight bearing for 5 weeks post op
Use of crutches for 5 weeks post op
Pain/edema reduction
Enhance quad recruitment

0-2 weeks post op
- Pain/edema control
- Quad recruitment with Time Modulated AC (aka Russian Stim)
- Quad Sets/Hamstring co-contractions at multiple angles 10x10, 2-3 times daily
- SLR in brace at 0° until quad can maintain knee locked
- Heel slides in brace
- Patella mobilizations if necessary
- Obtain full extension if lacking

2 weeks post op
- Continue as above
- Aquatic therapy—after post op visit with doctor, perform functional ROM in waist deep water or deeper, forward and retro-walking, marching, lateral stepping
- Stationary bicycle with seat high, lower to normal seat height as tolerated
- Leg press with 50% BW max
- Leg extensions within ROM restrictions, use high volume and light weight
- Leg curls within ROM restrictions, use high volume and light weight

5 weeks post op
- Full WB
- No pivoting, twisting, hopping, jumping, running
- Encourage full ROM as tolerated
- Normalize gait mechanics
- Progress PREs open/closed chain as tolerated
- Isokinetic exercises 180, 150, 120, 90, 60°/sec, 8-10 reps up and down each speed
- Treadmill forward and retro-walking
- Cable column exercises
- Single leg stands for proprioception
- Cardiovascular equipment of choice
- Slide board-start with short distance and increase as tolerated
• Be aware of PTF signs and symptoms and manage accordingly

8 weeks post op
• Continue as above
• Full ROM
• All exercised on affected leg only
• Increase PREs for strength, high intensity low volume
• Single leg squats

10 weeks post op
• Continue as above
• Plyometrics—with both feet, move to single leg ASAP
• Assess light jogging on treadmill

12 weeks post op
• Continue as tolerated
• Sport specific drills
• Plyometrics for speed and power
• Work quad to within 15% or less difference

5 months post op
• Full return to sport involving pivoting, squatting, twisting, running