



Meniscal Root Repair Post-operative Rehabilitation Protocol

Phase 1: 0-2 weeks post-operatively

Goals	<ul style="list-style-type: none"> • Protect repair • Minimize pain • Minimize swelling • Begin passive range of motion exercises • Start physical therapy or home exercise program 1-3 days after surgery • Work on quad recruitment
Brace/Crutch Use	<ul style="list-style-type: none"> • 25% weight bearing with crutches, brace 0-90° when ambulating and sleeping, can remove brace for hygiene and physical therapy
Range of Motion	<ul style="list-style-type: none"> • Obtain full extension if lag is present • Passive knee flexion limited to 90°
Strengthening	<ul style="list-style-type: none"> • Ankle pumps • Heel slides in brace • Quad recruitment with Time Modulated AC (aka Russian Stim) • SLR in brace at 0° until quad can maintain knee locked • Patella mobilizations as needed
Home Instructions	<ul style="list-style-type: none"> • Keep surgical dressings clean and dry • Change surgical bandages on the 2nd day after surgery (keep covered until first clinic visit) • Can bathe on the 2nd day after surgery (do not scrub, soak, or submerge the incisions) • Crutches with 25% weight bearing for 6 weeks after surgery • Must keep brace locked at 0° ambulating and sleeping, can remove brace for hygiene and physical therapy • Take Aspirin (or other DVT medication) for 2 weeks after surgery

Phase 2: 2-6 weeks post-op

Goals	<ul style="list-style-type: none"> • Protect repair • Minimize pain • Minimize swelling • Progress range of motion • Continue to restore quad recruitment
Brace/Crutch Use	<ul style="list-style-type: none"> • 25% weight bearing with crutches, brace 0-90° when ambulating and sleeping, can remove brace for hygiene and physical therapy
Range of Motion	<ul style="list-style-type: none"> • Obtain full extension if lag is present • Passive knee flexion limited to 90°

Strengthening	<ul style="list-style-type: none"> • Ankle pumps • Heel slides in brace • Quad recruitment with Time Modulated AC (aka Russian Stim) • SLR in brace at 0° until quad can maintain knee locked • Patella mobilizations as needed • Aquatic therapy with clearance from doctor after first post-op visit, perform functional ROM in waist deep water, forward and retro-walking, marching, lateral stepping • Stationary bike with seat high – lower seat height as tolerated until reaching normal • Leg press with 25% BW max • Leg extensions within ROM restrictions, using high volume and light weight
Home Instructions	<ul style="list-style-type: none"> • Crutches with 25% weight bearing for 6 weeks after surgery • Must keep brace locked at 0° ambulating and sleeping, can remove brace for hygiene and physical therapy • Continue physical therapy/home exercise program, work on restoring full range of motion

Phase 3: 6-12 weeks post-op

Goals	<ul style="list-style-type: none"> • Full weight bearing • Encourage full knee range of motion as tolerated • Normalize gait mechanics
Brace/Crutch Use	<ul style="list-style-type: none"> • Begin gradual transition off crutches over a 2 week period from 25%WB to full WB • Discontinue brace, can use ace wrap or neoprene sleeve if needed
Range of Motion	<ul style="list-style-type: none"> • Restore and maintain full active range of motion
Strengthening	<ul style="list-style-type: none"> • No pivoting, twisting, hopping, jumping, running • Progress PReS open/closed chain as tolerated • Treadmill forward and retro-walking • Cable column exercises • Single leg stands for proprioception • Cardiovascular training using equipment of choice • Slide board – start with short distance and increase as tolerated • Be aware of PTF signs and symptoms – manage accordingly • Can start transitioning to exercises on affected leg only after 8 weeks • Single leg squats after 8 weeks • Incorporate plyometrics at 10 weeks post-op – start with both feet and progress to single leg as soon as tolerated

Phase 4: 12-20 weeks post-op

Goals	<ul style="list-style-type: none"> • Full range of motion • Normal gait mechanics • Work on sport-specific drills
Brace/Crutch Use	<ul style="list-style-type: none"> • Can use ace wrap or neoprene sleeve if needed
Range of Motion	<ul style="list-style-type: none"> • Maintain full active range of motion

Strengthening	<ul style="list-style-type: none">• Continue as above• Plyometrics for speed and power• Work quad strength to within 15% or less of uninjured leg• Full return to sport/work involving pivoting, squatting, twisting, running at 5 month mark
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For any questions about operative details or rehabilitation guidelines, please contact the respective surgeon's Athletic Trainer at the contact information found at this link: <https://med.virginia.edu/orthopaedic-surgery/orthopaedic-divisions/sports-medicine/protocols/>