# Meniscal Root Repair Post-operative Rehabilitation Protocol

## Phase 1: 0-2 weeks post-operatively

### Goals
- 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
- 25% weight bearing with crutches, brace 0-90° when ambulating and sleeping, can remove brace for hygiene and physical therapy

### Range of Motion
- Obtain full extension if lag is present
- Passive knee flexion limited to 90°

### Strengthening
- 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
- 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
- Protect repair
- Minimize pain
- Minimize swelling
- Progress range of motion
- Continue to restore quad recruitment

### Brace/Crutch Use
- 25% weight bearing with crutches, brace 0-90° when ambulating and sleeping, can remove brace for hygiene and physical therapy

### Range of Motion
- Obtain full extension if lag is present
- Passive knee flexion limited to 90°
### Strengthening
- 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
- 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
- Full weight bearing
- Encourage full knee range of motion as tolerated
- Normalize gait mechanics

### Brace/Crutch Use
- 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
- Restore and maintain full active range of motion

### Strengthening
- 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
- Full range of motion
- Normal gait mechanics
- Work on sport-specific drills

### Brace/Crutch Use
- Can use ace wrap or neoprene sleeve if needed

### Range of Motion
- Maintain full active range of motion
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/](https://med.virginia.edu/orthopaedic-surgery/orthopaedic-divisions/sports-medicine/protocols/)