**Meniscal Root Repair Post-operative Rehabilitation Protocol**

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

<table>
<thead>
<tr>
<th>Goals</th>
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| • 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 |  |

<table>
<thead>
<tr>
<th>Brace/Crutch Use</th>
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<td>25% weight bearing with crutches, brace 0-90° when ambulating and sleeping, can remove brace for hygiene and physical therapy</td>
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| Obtain full extension if lag is present  
Passive knee flexion limited to 90° |  |

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| • 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 |  |

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<th>Home Instructions</th>
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| • 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  
• Take Aspirin (or other DVT medication) for 2 weeks after surgery |  |

**Phase 2: 2-6 weeks post-op**

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| • Protect repair  
• Minimize pain  
• Minimize swelling  
• Progress range of motion  
• Continue to restore quad recruitment |  |

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| 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 |
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| Strengthening | • Continue as above  
• Plyometrics for speed and power  
• Work quad strength to within 15% or less of uninvolved leg  
• Full return to sport/work involving pivoting, squatting, twisting, running at 5 month mark |

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/]