



## Meniscal Root Repair Post-operative Rehabilitation Protocol

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

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

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

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

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

### **Phase 3: 6-12 weeks post-op**

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

### **Phase 4: 12-20 weeks post-op**

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

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| <b>Strengthening</b> | <ul style="list-style-type: none"><li>• Continue as above</li><li>• Begin to incorporate plyometrics at 12 weeks post-op – start with both feet and progress to single leg as soon as tolerated</li><li>• Initiate running program</li><li>• Work quad strength to within 15% or less of uninjured leg</li><li>• Full return to sport/work involving pivoting, squatting, twisting, running at 5 month mark</li></ul> |
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