



# MENISCAL REPAIR



Orthopedics

## Attention Physical Therapists:

Place patient in compression stocking (20-30 mmHG) at first visit. Wear during daytime only, may stop compression when swelling/effusion has resolved.

Stress early knee extension. Should reach full knee extension by 2 weeks post op. No pillows under popliteal fossa. Always under calf/heel only to progress knee extension.

## PHASE 1 (surgery to 6 weeks)

### Begin PT 3-5 days post-op once per week

#### Precautions:

1. Must wear the brace locked in extension for all weight bearing activities x 6 weeks. Remove for exercises and hygiene.
2. Use axillary crutches for normal gait.
3. Do not flex the knee past 90 degrees.

#### ROM Exercises:

1. Knee extensions on a bolster
2. Prone hangs
3. Supine wall slid to 90 degrees
4. Heel slides to 90 degrees

#### Suggested Therapeutic Exercise:

1. Quad sets
2. SLRs
3. 4-way leg lifts in standing with brace on for balance and hip strength.
4. Patellar mobs 2 weeks
5. Scar mobs 4-6 weeks when adequate healing

#### Cardiovascular Exercise: upper body circuit training or UBE

#### Progression Criteria:

1. Pain free gait using locked brace without crutches
2. No effusion
3. Knee flexion to 90 degrees (until after 6 weeks)

## **PHASE 2 Ambulation with brace locked in full extension until 6 weeks post op.**

### **Precautions:**

1. Continue brace locked in extension with WB x 6 weeks post op.
2. No forced flexion, as in PROM flexion or weight bearing activities that push past 60 degrees of knee flexion.
3. Avoid post-activity swelling.
4. No impact activities.

### **Suggested Therapeutic Exercise:**

1. Non-impact balance and proprioceptive drills
2. Stationary bike
3. Gait drills
4. Hip and Core strengthening
5. Stretching for patient specific muscle imbalances
6. Quad strengthening-closed chain exercises short of 60 degrees knee flex

### **Progression Criteria**

1. Normal gait on all surfaces.
2. Ability to carry out functional movements without unloading affected leg or pain, while demonstrating good control.
3. Single leg balances greater than 15 seconds.

## **PHASE 3**

### **Precautions:**

1. Post-activity soreness should resolve within 24 hours.
2. Avoid post-activity swelling.
3. Avoid posterior knee pain with end range flexion.

### **Suggested Therapeutic Exercise:**

1. Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to other and then 1 foot to same foot.
2. Movement control exercise beginning with low velocity, single plane activities and progressing to high velocity, multi-plane activities.
3. Sport/work specific balance and proprioceptive drills
4. Hip and core strengthening
5. Stretching for patient specific muscle imbalances

## **RETURN TO SPORT/WORK CRITERIA**

1. Dynamic neuromuscular control with multi-plane activities, without pain or swelling.

