



GUIDELINES FOR REHABILITATION FOLLOWING MENISCAL REPAIR

***Please take this information to your physiotherapy appointments.**

Rehabilitation Progression

Progression through each phase is based on patient status (e.g. healing, constraints, function), clinical exam findings, and physician advisement. Please consult the attending physician if there is uncertainty regarding the progression to the next phase of rehabilitation.

Phase I

Begin immediately following surgery until 6 weeks post surgery.

Goals:

- Protect meniscal repair

Weight-Bearing Status

- Non weight –bearing for 6 weeks on crutches.

Range of Motion

- Limit knee range of motion to 90 degrees of flexion for 6 weeks in a brace with flexion stop.

Therapeutic Exercises

- Heel slides (AAROM)
- Ankle pumps
- Non-weight-bearing gastroc/soles, hamstring stretches
- SLR in flexion, abduction, adduction and extension
- Hamstring and calf stretching

Phase II

Begin phase II once 6 weeks post surgery

Goals

- Increase range of flexion
- Increase lower extremity strength and flexibility
- Restore normal gait
- Improve balance and proprioception

Weight-Bearing Status – May begin ambulation without crutches if the following criteria are met:

- No extension lag with SLR
- Full active knee extension

- Knee flexion of 90-100°
- Non-antalgic gait pattern (may ambulate with one crutch or a cane to normalized gait before ambulating without assistive device)

Therapeutic Exercises

- Wall slides from 0-45° of knee flexion, progressing to mini-squats
- 4-way hip for flexion, extension, abduction and adduction
- Closed kinetic chain terminal knee extension with resistive tubing or weight machine
- Calf rises
- Balance and proprioceptive activities(including single leg stance, KAT and BAPS)
- Treadmill walking with emphasis on normalization of gait pattern
- ITB and hip flexor stretching, as necessary

Phase III

Begin phase III once 3 months post surgery

Goals

- Restore any residual loss of range of motion
- Continue improving quadriceps strength
- Improve functional strength and proprioception

Weight-Bearing Status – May progress to impact activities once the following criteria are met:

- Normal gait
- Full flexion of involved knee or within 10° difference from uninvolved knee
- Good quadriceps strength
- Good dynamic control with no patellofemoral complaints
- Clearance by physician to begin more concentrated closed kinetic chain progression

Therapeutic Exercises

Functional progression which may include but is not limited to:

- Slide board
- Walk/jog progression
- Vertical jump
- Forward and backward running, cutting, figure 8 and carioca
- Plyometrics
- Sport-specific drills

Work hardening program as prescribed by physician