

Complex Meniscal Repair Rehabilitation Guideline

Individual patient circumstances may affect the guideline
 (tear configuration, fixation used, associated procedures, etc.)

| Phase | Goals | Precautions/Restrictions | Treatment |
|---------------|--|--|--|
| Weeks 0 – 6 | <ul style="list-style-type: none"> • Protect surgical site • PROM: 0-90 degree • Reduce muscle atrophy • Reduce swelling • Decrease pain and inflammation • SLR without extensor lag | <ul style="list-style-type: none"> • ROM: 0-90 degrees • Avoid active knee flexion • Brace locked in extension with ambulation • May unlock for exercises • Non-weight-bearing weeks 0-2 • Partial weight-bearing weeks 2-6 <i>**Defer to operative note for surgeon specific WB instructions**</i> | <ul style="list-style-type: none"> • PRICE <ul style="list-style-type: none"> ○ Cryotherapy: 5-7 times per day ○ Compression with TubiGrip/TEDS • ROM (limited to 0-90 deg): <ul style="list-style-type: none"> ○ Supine knee extension with towel ○ Patella mobilizations • Quadriceps recruitment/NMES • Global LE isometric/proximal hip strengthening • Gait training with crutches • Initiate BFR; if applicable • Initial Visit: FOTO, IKDC |
| Weeks 6 – 12 | <ul style="list-style-type: none"> • Discontinue knee immobilizer if no extensor lag • Limit forced flexion • Reduce atrophy/progress strengthening • Reduce swelling • Normalize gait | <ul style="list-style-type: none"> • Progress to WBAT (wean crutches) • No loading at knee flexion angles >90 degrees (16 weeks) • No jogging or sport activity • Avoid painful activities/exercises • Avoid isolated hamstring strengthening first 10 weeks | <ul style="list-style-type: none"> • ROM: as tolerated • Gait training from WBAT to independent • Core stabilization exercises • Neuromuscular re-education • Global LE strengthening <ul style="list-style-type: none"> ○ Limit deep knee flexion angles >90 degrees ○ Begin functional strengthening exercises between 0-60 degrees (bridge, mini-squat, step up, etc) • Double limb -> single limb balance/proprioception • Aerobic training: walking program, stationary bike |
| Weeks 12 – 16 | <ul style="list-style-type: none"> • No effusion • Full ROM • Increase functional LE strength • Isometric strength at > 80% LSI (See functional assessment for return to running criteria) • Pass Return to Run criteria • Initiate basic plyometrics | <ul style="list-style-type: none"> • No loading at knee flexion angles >90 degrees (16 weeks) • Avoid painful activities/exercises • No jogging on painful or swollen knee • No plyometric exercises until week 16 | <ul style="list-style-type: none"> • Increase loading capacity for lower extremity strengthening exercises <ul style="list-style-type: none"> ○ Double limb -> Single limb • Continue balance/proprioceptive training • Aerobic training: elliptical, stairmaster • Week 16: begin low level plyometric and agility training, |
| Weeks 16+ | <ul style="list-style-type: none"> • Full ROM • Functional strengthening • Pass functional assessment • Return to sport/activity | <ul style="list-style-type: none"> • Return to sport 5-6 months post-op with surgeon approval | <ul style="list-style-type: none"> • Gradually increase lifting loads focusing on form, control, and tissue tolerance • Running program • Progress as tolerated: ROM, Strength, Endurance, Proprioception/Balance, agility, Sport specific skills • ARC Program |

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.



Meniscal Repair Functional Assessment

| Phase | Criteria | Testing |
|---|--|---|
| Week 12 - 16 Must meet criteria prior to running | <ul style="list-style-type: none"> • Full, symmetric ROM • Y-balance anterior reach asymmetry < 5 cm • Quadriceps strength for isometric test > 80% of uninvolved side • Hip abduction strength for isometric test > 80% of uninvolved side | <ul style="list-style-type: none"> • Knee assessment including assessment for effusion • Passive and active ROM • Isometric knee extension at 60° and 90° with handheld dynamometry (HHD) • Isometric hip abduction at neutral with HHD • Single leg isometric squat at 60° on 3PQ • Forward step down assessment • FOTO, IKDC |
| Months 5-6+ Must meet criteria prior return to sport | <ul style="list-style-type: none"> • Full, symmetric ROM • 100% LSI for isometric testing • 100% LSI for functional testing | <ul style="list-style-type: none"> • Knee assessment including assessment for effusion • Passive and active ROM • Hop Test <ul style="list-style-type: none"> ○ Single Hop ○ Triple Hop ○ Medial triple hop ○ Medial rotation hop • Isometric knee extension at 60° and 90° with handheld dynamometer • Isometric knee flexion at 60° with HHD • Single leg isometric squat at 90° on 3PQ • Single leg jump on 3PQ • Drop jump • Agility T-Test • FOTO, IKDC |

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