

Isolated Meniscus Repair Rehabilitation Protocol

Mark Ayzenberg, MD

PHASE IA (Week 0-3) - Maximum Protection

Goals:

- **Brace locked at 0 degrees for WB x 4 weeks**
- Alleviate acute pain and swelling
- Prevent muscle atrophy, re-establish quad activity
- Gentle AROM
- Crutch Training
- Maintain cardiovascular conditioning

Plan:

- Hinged knee brace locked in extension at all times when ambulating
- Ice, compression, elevation
- E-stim
- Brace **locked at 0 degrees**, weight bearing as tolerated with brace locked
- ROM 0-90 (not ambulating)
 - Motion limited first 7-21 days. Gradual increase in flexion based on assessment of pain and site of repair
- Patellar mobilization
- Scar tissue mobilization
- Exercises:
 - Range of motion out of brace to **60 degrees flexion max for strengthening**.
 - Quadriceps Isometrics
 - Hamstring isometrics (if posterior horn repair, no hamstring exercises x 6 weeks)
 - Hip flexion, abduction, adduction, extension
 - Early proprioceptive training with brace locked in extension
 - Ankle exercises (theraband)
 - LE stretching (ham/ gastroc)
- Modalities as needed (EMS for muscle re-ed; edema control)

PHASE IB (Weeks 4-6) – Maximum Protection

Goals:

- Independent ambulation
- Increase ROM gently, but do not push until after 6 weeks

Plan:

- Progress to weight bearing as tolerated



- Ambulation with hinged knee brace locked to 90 degrees flexion
- Exercises:
 - Continue previous exercises (progress as tolerated)
 - Closed chain exercises (ok squats to 60°)
 - Progress with cardiovascular exercises (Stairmaster, bike, elliptical)
 - May begin gentle swimming (no whip kick, frog kick, eggbeater kick)
 - PREs 1-5lbs

PHASE II (Weeks 6-10) – Moderate Protection

Criteria for progression to Phase II:

- ROM 0-90 degrees
- Quadriceps control (MMT 4/5)
- No change in pain or effusion

Goals:

- Full ROM and wean from brace
- Increase quadriceps and hamstring strength, power, endurance
- Continue general conditioning

Plan:

- Full symmetric ROM
- Normal gait
- Exercises:
 - Continue with previous strength exercises (progress as tolerated)
 - Squats ok to 90°
 - Flexibility exercises
 - Lateral Step-ups
- Endurance Exercises:
 - Swimming (no frog kick, eggbeater or whip kick), pool running (if available)
 - Cycling
 - Stair machine
- Coordination Exercises:
 - Balance board
 - Pool sprinting (if available)
 - Backward walking
 - Plyometrics

PHASE III (Week 11-15+) – Advanced Phase

Criteria for progression to Phase III:

- Full, painless ROM
- No pain or tenderness
- Satisfactory clinical exam



- SLR without lag
- Gait without device, brace unlocked

Goals:

- Improve proprioception
- Improve strength, power, endurance
- Emphasize return to skill activities
- Prepare for return to full unrestricted activities

Plan:

- Begin running on track
- Progress with proprioceptive training
- Continue with strength training
- Increase plyo, pool program

Some suggested therapeutic exercises for closer to the end of rehab protocol *if age and sport-appropriate* once patient judged ready and safe by physical therapist:

- Low amplitude low velocity agility drills: forward and backward skipping, side shuffle, skater's quick stepping, carioca, cross overs, backward jog, forward jog
- Closed chain strengthening for quadriceps and glutes - progressing from double leg strengthening to single leg strengthening: lunge progressions and single leg squat progressions
- Single leg balance exercises and progressions, progressing from stationary to deceleration in to holding posture and position
- At approximately 12-14 weeks initiate low amplitude landing mechanics: med ball squat catches, shallow jump landings, chop and drop stops, etc
- Hip strengthening - especially oriented at neuromuscular control in prevention of hip adduction at landing and stance
- Core strength and stabilization - especially orientated at preventing frontal plane trunk lean during landing and single leg stances
- Unanticipated movement control drills, including cutting and pivoting
- Agility ladder drills
- Stretching for patient specific muscle imbalances

Criteria for discharge:

- Non-antalgic gait
- Painless, full ROM
- Full strength
- Independent with home program
- Normal age-appropriate balance and proprioception
- Resolved palpable edema
- Patient should have <15% difference in Biodex strength test, force plate jump and vertical hop tests as well as functional horizontal hop tests.