

# Meniscus Repair Protocol

## Physical Therapy Protocol

### Keys to a Successful Outcome

- Pain > 4/10 = Hold progression

Phase	Brace	ROM Goals	WB	Exercises
Weeks 0-1	Worn at all times, locked in full extension	*PROM 0-90°	TTWB with crutches	Straight-leg raise ex, quads/add/gluteal sets, ankle pumps. Well-leg stationary cycling, Upper body ergometer; Upper body and core.
Weeks 1-4	**Unlocked 0-90°	AROM 0-90°	TTWB with crutches	Continue manual resisted ex of the foot, ankle, hip; Trunk stabilization program; Single-leg balance and proprioceptive ex; Aerobic ex w/out operated leg.
Weeks 4-6	Unlocked 0-90°	AROM 0-120°	TTWB with crutches	Incorporate functional exercises; Stationary bike low cadence; Slow walking on treadmill for gait training (low-impact treadmill preferred).
Weeks 6-8	Unlocked 0-90°	AROM 0-135°	WBAT	Increase the intensity of functional exercises; DO NOT overload exercises; Tolerate 90/90 Squat
Weeks 8-12	None	FAROM	WBAT	Careful with flexion >90°, add lateral training exercises; Progressive CC and agility exercises. Begin sport-specific training.
Weeks 12-16	None	FAROM	WBAT	Low-impact activities until week 16; Initiate return to running program; increase intensity of exercises.

### Patient Instructions

- \* Twice-a-day, without brace, perform an "edge of bed dangle" and allow gravity only to bend the knee back as tolerated, but no more than 90 degrees. Keep bent for 1-5 minutes for a good stretch. Straighten the knee on your own once time is up, relax for a bit then bend again if desired.
- \*\*Brace does not have to be worn at night while sleeping after 2 wks from surgery

### General Time Frames for ADLs

- Desk/light return to work: 6-12 wks
- Stationary bike/swimming: 12 wks
- Elliptical/running: 16 wks

