

# MENISCAL REPAIR REHABILITATION PROGRAM

## General Considerations:

- Depending upon the site of lesion and repair, motion is controlled with bracing for a period of 4 weeks - open per quad function
- ROM 0-100 by 4 weeks post-op

## Phase I (0-3 weeks)

- Quadriceps and hamstring setting as soon as possible after surgery to re-establish neuromuscular control
- Maintain bilateral hip strength via SLR in all directions (supine, SL, prone)
- Begin AAROM and AROM within restricted range (heel slides, therapist or self-assisted flexion in sitting or with yoga strap)
- Proprioceptive activities in the form of roll-ups with ball, jackhammer, or wall press in modified range
- Begin stationary cycling at 3 weeks
- **Gait Training:** ambulation with bilateral axillary crutches; partial weight bearing initially and progress to full weight bearing per quadriceps function (3-4 weeks)

## Phase II (4-8 weeks)

- Progress ROM as tolerated to full AROM by 8 weeks
- Begin closed chain exercises such as partial squats, terminal knee extension
- Bicycling or swimming for muscular endurance and cardio
- Gradually add open chain exercises
- Progress to proprioceptive activities as tolerated by WB status
- Avoid maximum resistance until 6 weeks
- Pool program to progress WB status
- **Gait Training:** should be full weight bearing without assistive device by week 6 at the latest

## Phase III (8-24 weeks)

- Push to regain full ROM if not yet achieved, continue with STM and stretching activities
- Progress strengthening, stabilization, balance activities with more functional activities
- Progress dynamic and sport-specific activities
- Progress swimming (freestyle and backstroke only), cycling, Body Trec, Stairmaster, Treadmill (forward and backward walking)
- Begin aquatic jogging before progressing to jogging on land (only on land once meniscal integrity tests are normal)
- Incorporate sprinting and plyometrics towards end of this phase
- **Return to full activity:** generally 24 weeks