

Meniscus Repair Protocol

- A. 0-3 weeks post-op
 - 1. Gait: NWB using crutches
 - 2. Bracing: - Physician directed
 - Generally yes, to protect ROM restriction and added ambulatory protection
 - 3. ROM restrictions: 0-90°
 - 4. Frequent cryotherapy and modalities as indicated
 - 5. Exercise
 - a. ROM work within restrictions
 - b. No OKC hamstring work
 - c. NWB muscle flexibility work
 - d. Progressive OKC exercise within brace/ROM restrictions
 - e. Progressive OKC hip and core
- B. 3-6 weeks post-op
 - 1. Gait: - WB status is ultimately physician directed
 - Beginning at 3 or 4 weeks post-op, WB may be gradually increased to full
 - 2. Bracing: - Hinged knee braces opened in accordance with patient's ROM gain
 - Immobilizer braces are discontinued
 - 3. ROM work: To tolerance
 - 4. Continue cryotherapy and modalities as indicated
 - 5. Exercise
 - a. Progressive OKC strength (no hamstring until 6 weeks p/o) within available ROM
 - b. Progressive CKC exercise within WB restrictions
 - c. Progressive balance/proprioceptive work within WB restrictions
 - d. Progressive hip and core
 - d. Progressive non-impact cardio: Stationary Bike→Elliptical→Stairmaster
- C. 6-8 weeks post-op
 - 1. Gait: Wean from AD if not allowed earlier
 - 2. Progressive OKC, CKC, balance/proprioceptive work
 - 3. Progressive hip and core
 - 4. Progressive cardio
- D. 8 weeks post-op
 - 1. Interval jog to run program
 - 2. Progressive agility and footwork drills
- E. 9 weeks post-op: Progressive plyometric and sports specific activities
- F. ≈10-12 weeks post-op Return to sport. Physician directed.