The rehabilitation guidelines are presented in a criterion based progression. Specific time frames, restrictions and precautions are given to protect healing tissues and the surgical repair/reconstruction. General time frames are also given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance and injury severity.

Specific attention must be give to impairments that caused the initial problem. For example if the patient is s/p partial medial meniscectomy and they have a varus alignment, post-operative rehabilitation should include correcting muscle imbalances or postures that create medial compartment stress.

**ATTENTION PHYSICAL THERAPISTS—STRESS IMPORTANCE OF THE FOLLOWING:**

- **Place patient in brown compression stocking (20-30 mmHg) at first PT appointment. Wear during daytime only and d/c at night—instruct patient/family member how to don/doff stocking**
  - **May discharge when no swelling or effusion- typically 3-4 weeks p/o**
- **Stress early knee extension. Should reach full knee ext by 2 weeks post-op**
- **Stress no pillows under popliteal fossa. Always under calf/heel only to progress knee extension**

## REHABILITATION GUIDELINES MENISCAL ROOT REPAIR

**PHASE 1: 0-6 WEEKS** **DOS:**

| | |
|---|---|
| APPOINTMENTS | Meet with the Physician at: 10-14 days post-op<br>Begin Physical Therapy 3-5 days post-op, meet ~1x week. |
| REHAB GOALS | 1. Protection of the post-surgical knee.<br>2. Restore normal knee extension.<br>3. Eliminate effusion.<br>4. Restore leg control |
| PRECAUTIONS | 1. Must wear the brace locked in extension and toe-touch weight bearing activities x 6 weeks<br>2. Use axillary crutches for normal gait.<br>3. Do not flex the knee past 90° for 6 weeks |
| ROM EXERCISES | Knee extensions on a bolster<br>Prone hangs<br>Supine wall slides to 90°<br>Heel slides to 90° |
| SUGGESTED THERAPEUTIC EXERCISE | Quad sets<br>SLRs<br>4-way leg lifts in standing with brace on for balance and hip |

| | |
|---|---|
| | strength |
| CARDIOVASCULAR EXERCISE | Upper body circuit training or UBE |
| OTHER | Patellar mobs at 2 weeks p/o<br>Begin scar mobs at 4-6 weeks p/o when adequate healing |
| PROGRESSION CRITERIA | 1. No effusion<br>2. Knee flexion to 90° (until after 6 weeks) even with ACL |

**PHASE 2: BEGIN AT 6 WEEKS** **DATE:**

Ambulation with brace locked in full extension until 6 weeks post op.

| | |
|---|---|
| APPOINTMENTS | Meet with the Physician at:<br>Physical therapy 1x every 1-2 weeks. |
| REHAB GOALS | 1. Single leg stand control<br>2. Normalize gait<br>3. Good control and no pain with functional movements, including step up/down, squat, partial lunge (staying less than 60° of knee flexion). |
| PRECAUTIONS | 1. Continue brace locked in extension with TTWB'ing x 6 weeks post-op; 50% WB at 7 weeks p/o with brace locked in extension; FWB at 8 weeks with brace locked in ext; unlock brace at 9 weeks; wean out of brace at 10 weeks<br>2. No forced flexion-as in PROM flexion or weight bearing activities that push past ~60° of knee flexion (beginning at 6 weeks po)<br>3. Avoid post-activity swelling.<br>4. No impact activities. |
| SUGGESTED THERAPEUTIC EXERCISE | Non-impact balance and proprioceptive drills<br>Stationary bike<br>Gait drills<br>Hip and core strengthening<br>Stretching for patient specific muscle imbalances<br>Quad strengthening—closed chain exercises short of 60° knee flex |
| CARDIOVASCULAR EXERCISE | Non-impact endurance training; stationary bike, Nordic track, swimming, deep water run, cross trainer |
| PROGRESSION CRITERIA | 1. Normal gait on all surfaces<br>2. Ability to carry out functional movements with out unloading affected leg or pain, while demonstrating good control.<br>3. Single leg balances greater than 15 sec. |

**PHASE 3: AFTER MEETING PHASE 2 CRITERIA, ~3 MO DATE:**

| | |
|---|---|
| APPOINTMENTS | Meet with the Physician at:<br>Physical therapy 1x every 1-2 weeks. |
| REHAB GOALS | 1. Good control and no pain with sport and work specific movements, including impact. |
| PRECAUTIONS | 1. Post-activity soreness should resolve within 24 hours<br>2. Avoid post-activity swelling.<br>3. Avoid posterior knee pain with end range flexion. |
| SUGGESTED THERAPEUTIC EXERCISE | • Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to other and then 1 foot to same foot.<br>• Movement control exercise beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities.<br>• Sport/work specific balance and proprioceptive drills<br>• Hip and core strengthening<br>• Stretching for patient specific muscle imbalances |
| CARDIOVASCULAR EXERCISE | Replicate sport or work specific energy demands. |
| RETURN TO SPORT/WORK CRITERIA | 1. Dynamic neuromuscular control with multi-plane activities, without pain or swelling. |