**Meniscal Root repair**

Patient and Physiotherapist information

**Procedure details:** The meniscal root repair is aimed at restoring the function of the entire meniscus. The roots, anterior and posterior, are the firm attachment points of the meniscus that allow the forces to be distributed appropriately. The meniscal roots are reattached back to the bone and held with non dissolving sutures to restore the mechanics of the meniscus and knee.

**Goals of treatment:** The aim of the treatment is restore normal anatomy and allow return to function. Initially the goals are for pain and swelling management. The second phase of recovery is aimed at restoring some limited range of motion in the knee, whilst protecting the healing meniscal roots, there is a large force on these, especially with rotation of the knee. The third phase of healing allows for full range of motion and protecting the meniscal root from large forces, during running and pivoting or rotation of the knee. Finally the goal is to prevent arthritis and return to full function.

**Rehabilitation phases:**

[www.drdaviddrynan.com.au](http://www.drdaviddrynan.com.au) or Youtube – Dr Drynan Orthopaedics or Link:

**Phase**

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| **Phase** | **Time (Weeks)** | **Restrictions** | **Exercises** |
| 1 | 0-2 | Knee splint with knee locked straight. Non weight bearing | Toe and ankle ROM, toe taps to floor and alphabet with ankle |
| 2 | 2-6 | ROM brace, 0-90 over 6 weeks, 2-4 0-45 deg4-6 0-90 deg | Flexion and extension within limitsWalk with toe touching floor in extension – 2kg through legToe and ankle ROMPreventing DVT prophylaxis |
| 3 | 6-12 | Gradually increase ROM to full ROM.Move to PWB then WBAT by 9-10 weeksNo squat past 90 deg | Closed chain exercises allowedFull ROMNo resistance on bike or squat |
| 4 | 3-6 months | Avoid pivoting and rotation of knee until week 15-16. | Aim for full range of motion, squats, resistance with closed chain exercises until 4 months.Strengthening and returning to full activities from 4 months. |