BAY AREA ORTHOPEDIC
SURGERY & SPORTS MEDICINE

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MENISCUS REPAIR

General Considerations:

- It is important to recognize that all times are approximate and that progression should be based on careful monitoring of the patient's functional status.
- PROM as tolerated.
- Patients will be in a knee immobilizer for weight bearing for 3 weeks post-op.
- Full weight bearing in extension until 4 weeks post-op. Important to watch for lower leg rotation or heel whip with ambulation.
- Closed chain activities initiate at 3-4 weeks post-op and beginning between 20°-90° OR in full extension to avoid stress onto the repair. Avoid submaximal CKC exercises for 6 weeks.
- Active hamstring exercises can be initiated at 4 weeks and resistive at 6 weeks.
- No lateral exercises for 6-8 weeks and no pivoting or ballistic activities for at least 4 months post-op.
- No resisted leg extension machines (isotonic or isokinetic) at any point in the rehab process.
- Patients are given a Cybex / functional assessment test at 14 weeks, 6 months and 1 year post-op.

Week 1:

- Straight leg raise exercises (lying, seated, and standing), quadricep/adduction/gluteal sets, gait training.Well-leg stationary cycling, abdominal exercises and upper body conditioning.
- Soft tissue treatments to posterior musculature, retropatella and surgical incisions.

Weeks 2 - 4:

- Continue with pain control, gait training, and soft tissue treatments.
- Incorporate closed-chain exercises (i.e. mini-squats, modified lunges, short step-ups) between 20°-70° OR in full extension. Avoiding going into the last 15°-20° of extension avoids stress onto the repair.
- Aerobic exercises consisting of UBE, well-leg stationary cycling, and upper body weight training.

Weeks 4 - 6:

- Discontinue use of knee immobilizer if able to demonstrate adequate quad control.
- Leg weight machines (i.e. light leg press, calf raises, abduction/adduction).
- Add hamstring curls without resistance*.
- Stationary cycling initially for ROM, increasing as tolerated.
- Patients should have full extension and 110 degrees of flexion by the end of this period.

Weeks 6 - 12:

- Increase the intensity of functional exercises (i.e. add a stretch cord for resistance, add weight, increasing resistance of aerobic machines).
- Introduce resistive hamstring curls*.
- Add lateral training exercises (i.e. lateral stepping, lateral step-ups, step overs).

Weeks 12-16:

- Progress to running as able to demonstrate good mechanics and appropriate strength.
- Begin to incorporate sport-specific training (i.e. volleyball bumping, light soccer kicks and ball skills on contralateral side).
- Patients should be weaned into a home program with emphasis on their particular activity.

Weeks 16-24:

- Incorporate bilateral jumping and bounding exercises, making sure to watch for compensatory patterns and any signs of increased load onto the knee with take-offs or landings.

*- Cautiously introduce hamstring resisted exercises, watching for signs of joint line/meniscus irritation

COMPLEX MENISCUS REPAIR

General Considerations:

- It is important to recognize that all times are approximate and that progression should be based on careful monitoring of the patient's functional status.
- PROM as tolerated. Early emphasis on achieving full extension.
- Patients will be in a knee immobilizer for weight bearing for 4 weeks post-op.
- Touchdown weight bearing for 4-6 weeks. Watch for lower leg rotation or heel whip with ambulation.
- Closed chain activities initiate at 4-6 weeks post-op and beginning between 20°-70° OR in full extension to avoid stress onto the repair. Avoid submaximal CKC exercises for 8 weeks.
- Active hamstring exercises can be initiated at 6 weeks and resistive at 8 weeks.
- No lateral exercises for 10 weeks and no pivoting or ballistic activities for at least 4 months post-op.
- No resisted leg extension machines (isotonic or isokinetic) at any point in the rehab process.
- Patients are given a Cybex / functional assessment test at 14 weeks, 6 months and 1 year post-op.

Week 1:

- Straight leg raise exercises (lying, seated, and standing), quadricep/adduction/gluteal sets, gait training.
- Well-leg stationary cycling, abdominal exercises and upper body conditioning.
- Soft tissue treatments to posterior musculature, retropatella and surgical incisions.

Weeks 2 - 4:

- Continue with pain control, gait training, and soft tissue treatments.
- Aerobic exercises consisting of UBE, well-leg stationary cycling, and upper body weight training.

Weeks 4 - 6:

- Discontinue use of knee immobilizer if able to demonstrate adequate quad control.

- Incorporate closed-chain exercises (i.e. mini-squats, modified lunges, short step-ups) between 20°-70° OR in full extension. Avoiding going into the last 15°-20° of extension avoids stress onto the repair.
- Add hamstring curls without resistance*.
- Patients should have full extension and 110 degrees of flexion by the end of this period.

Weeks 6 - 8:

- Leg weight machines (i.e. light leg press, calf raises, abduction/adduction).
- Stationary cycling initially for ROM, increasing as tolerated.
- Increase the intensity of functional exercises (i.e. add a stretch cord for resistance, add weight, increasing resistance of aerobic machines).

Weeks 8 - 12:

- Introduce resistive hamstring curls*.
- Add lateral training exercises (i.e. lateral stepping, lateral step-ups, step-overs).

Weeks 12-16:

- Progress to running as able to demonstrate good mechanics and appropriate strength.
- Begin to incorporate sport-specific training (i.e. volleyball bumping, light soccer kicks and ball skills on contralateral side).
- Patients should be weaned into a home program with emphasis on their particular activity.

Weeks 16-24:

- Incorporate bilateral jumping and bounding exercises, making sure to watch for compensatory patterns and any signs of increased load onto the knee with take-offs or landings.

*- Cautiously introduce hamstring resisted exercises, watching for signs of joint line/meniscus irritation

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