



New England Shoulder and Elbow Center

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Meniscal Repair Physical Therapy Guidelines

The following are guidelines for Meniscal Repair and progression is both criteria based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. Typically, we begin formal physical therapy at 5-7 days. The program should balance the aspects of tissue healing and appropriate interventions to maximize flexibility, strength, and pain-free performance of functional activities.

POST – OPERATIVE PHASE I (WEEKS 0-4) ****MAXIMUM PROTECTION PHASE****

GOALS:

- Patient education
- Pain control
- Protection of the post-surgical knee
- Restore normal knee extension
- Eliminate effusion (swelling)
- Restore leg control

PRECAUTIONS:

- Protected WB for 3 weeks, then WBAT
- Knee brace locked for all weight bearing activities
- Do not flex the knee past 90°

Range of Motion Exercises:

- Knee extension on a bolster
- Prone hangs
- Supine wall slides
- Heel slides (caution with posterior medial meniscus repair secondary to the semimembranosus insertion)
- Knee flexion off the edge of the table

TREATMENT STRATEGIES:

- Quadriceps sets
- Straight leg raises
- 4-way leg lifts in standing with brace on for balance and hip strength
- Abdominal isometrics
- Cardiovascular Exercise

MINIMUM CRITERIA FOR ADVANCEMENT TO NEXT PHASE:

- Pain-free gait without crutches
- No effusion (swelling)

Emphasize:

- PROTECTING SURGICAL REPAIR
- Patient compliance with brace wear



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POST – OPERATIVE PHASE II (WEEKS 4-12)

GOALS:

- Pain control
- Single leg stand control
- Normalize gait
- Good control and no pain with functional movements: step up/down, squat, partial lunge (between 0° and 60° of knee flexion)

PRECAUTIONS:

- No forced flexion with passive range of motion with knee flexion
- No weight bearing activities that push the knee past 60° of knee flexion
- Avoid post-activity swelling
- No impact activities

TREATMENT STRATEGIES:

- Non-impact balance and proprioceptive drills
- Stationary bike
- Gait drills
- Hip and core strengthening
- Stretching for patient-specific muscle imbalances
- Quadriceps strengthening (closed chain exercises occur only between 0° and 60° of knee flexion)
- Non-impact endurance training: stationary bike, Nordic track, swimming, or cross trainer

MINIMUM CRITERIA FOR ADVANCEMENT:

- Normal gait on all surfaces
- Ability to carry out functional movements without unloading affected (injured) leg or pain, while demonstrating good control
- Single leg balance greater than 15 seconds

Emphasize:

- Good control and no pain with functional movements



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POST – OPERATIVE PHASE III (WEEKS 12+)

GOALS:

- Good control and no pain with sport and work specific movements, including impact

TREATMENT RECOMMENDATIONS:

- Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to the other and then 1 foot to the same foot
- Movement control exercises beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities
- Strength and control drills related to sport specific movements
- Sport/work specific balance and proprioceptive drills
- Hip and core strengthening
- Stretching for patient specific muscle imbalances
- Replicate sport or work specific energy demands

PRECAUTIONS:

- Avoid post-activity swelling
- Avoid posterior knee pain with end range knee flexion

Return to Sport Criteria:

- Dynamic neuromuscular control with multi-plane activities without pain or swelling
- Strength within 90% of uninjured side
- ROM must be even bilaterally
- Single Leg balance should be comparable to uninjured side
- No swelling before activity
- Patient reported pain level at a 4 or lower
- Athlete must complete hop test and agility test before RTP

Patient Name: _____

Physician's Signature: _____ M.D. Date: ___ / ___ / _____