

Rehabilitation Protocol for Transtibial Meniscal Root Repair

This protocol is intended to guide clinicians and patients through the post-operative course of a Meniscal Root Repair.

Specific intervention should be based on the needs of the individual and should consider exam findings and clinical decision making. If you have questions, contact the referring physician.

Post-operative considerations

If you develop a fever, intense calf pain, excessive drainage from the incision, uncontrolled pain or any other symptoms you have concerns about you should call your doctor.

Postoperative Rehabilitation

- The patient should remain partial-weight-bearing for a minimum of 3 weeks following a transtibial pullout meniscus root repair.
- Passive range of motion exercises in a safe zone of 0° to 90° of flexion is initiated postoperative day 1. CPM machine to be used for a minimum of 3 weeks, 10 hours a day. If you are unable to obtain a CPM machine, alternative exercises will be given to you.
- After 3 weeks, the patient can be advanced in their knee flexion as tolerated.
- Progressive advancement to full weight-bearing begins at 3 weeks.
- Deep leg presses and squats with greater than 90° of knee flexion should be avoided for at least 2 months following surgery.

Patient education

- o Keep your knee straight and elevated when sitting or laying down. Do not rest with a towel placed under the knee
- o Do not actively kick your knee out straight; support your surgical side when performing transfers (i.e. sitting to laying down)
- o Do not pivot on your surgical side



Intervention Swelling Management

- Ice, compression, elevation (check with MD re: cold therapy)
- Retrograde massage
- Ankle pumps

Range of motion/Mobility

- Patellar mobilizations: superior/inferior and medial/lateral
- Seated assisted knee flexion extension and heel slides with towel
- Low intensity, long duration extension stretches: prone hang, heel prop
- Standing gastroc stretch and soleus stretch

Full extension is obtained by doing the following exercises:

1) Passive knee extension.

- Sit in a chair and place your heel on the edge of a stool or chair.
- Relax the thigh muscles.
- Let the knee sag under its own weight until maximum extension is achieved.

2) Heel Props:

- Place the heel on a rolled towel making sure the heel is propped high enough to lift the thigh off table.
- Allow the leg to relax into extension.
- Do this 3-4 times a day for 10 - 15 minutes at a time. See Figure 1



Figure 1: Heel prop using a rolled towel

3) Prone hang exercise.

- Lie face down on a table with the legs hanging off the edge of the table.
- Allow the legs to sag into full extension.



Figure 2: Prone Hang. Note the knee is off the edge of the table

Bending (Flexion) is obtained by doing the following exercises:

1) Passive knee bend

- Sit on the edge of a table and let the knee bend under the influence of gravity.

2) Wall slides (figure 3) are used to further increase bending.

- Lie on the back with the involved foot on the wall and allow the foot to slide down the wall by bending the knee. Use other leg to apply pressure downward.



Figure 3: Wall Slide: Allow the knee to gently slide down

3) Heel slides are used to gain final degrees of flexion.

- Pull the heel toward the buttocks, flexing the knee. Hold for 5 seconds.
- Straighten the leg by sliding the heel downward and hold for 5 seconds.



Figure 4: Heel slide - leg is pulled toward the buttocks