

## **Complex Meniscus Repair Rehabilitation Protocol**

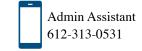
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Phase Weeks 0 - 6	Goals  • Protect surgical site  • PRICE principles  • Active ROM: 0-90 degree  • Reduce muscle atrophy  • Reduce swelling  • Decrease pain and inflammation	<ul> <li>ROM: 0-90 degrees.         (Progress to as tolerated at 4 weeks with surgeon approval)</li> <li>TWB with the knee in full extension using crutches.         (PWB at 4 weeks with surgeon approval)</li> <li>Immobilizer must be on at all times when walking (locked in extension)</li> </ul>	<ul> <li>PRICE         <ul> <li>Cryotherapy: 5-7 times per day</li> <li>Compression with TubiGrip/TEDS</li> </ul> </li> <li>ROM: limited to 0-90 deg:         <ul> <li>Heel slides</li> <li>Prone knee hangs/Supine knee extension with towel under ankle</li> <li>Patella mobilizations</li> </ul> </li> <li>Quadriceps recruitment</li> <li>Global LE isometric/proximal hip strengthening</li> <li>Gait training with crutches</li> <li>Initial Visit: FOTO, LEFS</li> </ul>
Weeks 6 – 12	<ul> <li>Full ROM</li> <li>Reduce atrophy/progress strengthening</li> <li>Reduce swelling</li> <li>Normalize gait</li> <li>SLR without extensor lag</li> </ul>	<ul> <li>ROM: as tolerated</li> <li>Progress to WBAT at 6 weeks and wean from crutches</li> <li>Discontinue knee immobilizer at week 6</li> <li>No loading at knee flexion angles &gt;90 degrees</li> <li>No jogging or sport activity</li> <li>Avoid painful activities/exercises</li> </ul>	<ul> <li>Gait training from WBAT to independent</li> <li>Core stabilization exercises</li> <li>Global LE strengthening         <ul> <li>Limit deep knee flexion angles &gt;90 degrees</li> <li>Begin functional strengthening exercises (bridge, mini-squat, step up, etc)</li> </ul> </li> <li>Double limb and single limb balance/proprioception</li> <li>Aerobic training:         <ul> <li>Walking program when walking with normal gait mechanics</li> <li>Stationary bike</li> </ul> </li> <li>Week 6: FOTO, LEFS</li> </ul>
Weeks 12 - 18	<ul> <li>No effusion</li> <li>Full ROM</li> <li>Increase functional LE strength</li> <li>Return to activity as tolerated</li> <li>Initiate return to running program</li> <li>Initiate basic plyometrics</li> </ul>	<ul> <li>No loading at knee flexion angles &gt;90 degrees (16 weeks)</li> <li>Avoid painful activities/exercises</li> <li>No jogging until Week 14 and cleared by surgeon</li> <li>No jogging on painful or swollen knee</li> <li>No plyometric exercise until 16 weeks and cleared by surgeon</li> </ul>	<ul> <li>Aerobic training         <ul> <li>Begin non-impact aerobic training (biking, elliptical, stair stepper)</li> </ul> </li> <li>Increase loading capacity for lower extremity strengthening exercises</li> <li>Continue balance/proprioceptive training</li> <li>Week 14: begin return to jogging program</li> <li>Week 16: Begin low level plyometric and agility training</li> <li>Week 16: FOTO, LEFS</li> </ul>
Weeks 18 - 24	<ul><li>Full ROM</li><li>Functional strengthening</li><li>Return to sport/activity</li></ul>	<ul> <li>Return to sport 6-9 months post-op with surgeon approval</li> </ul>	<ul> <li>Gradually increase lifting loads focusing on form, control, and tissue tolerance</li> <li>Progress as tolerated: ROM, Strength, Endurance, Proprioception/Balance, agility, Sport specific skills</li> </ul>

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.

Each patient's progress may vary based on specifics to their injury and procedure.







• Week 24: FOTO, LEFS