



Sports Medicine, Joint Preservation & Cartilage Restoration

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Standard Meniscus Repair Rehabilitation Protocol

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0 – 4	<ul style="list-style-type: none"> • Protect surgical site • Active ROM: 0-90 degree • Reduce muscle atrophy • Reduce swelling • Decrease pain and inflammation 	<ul style="list-style-type: none"> • ROM: 0-90 degrees • PWB with the knee in full extension using crutches • Immobilizer must be on at all times when walking 	<ul style="list-style-type: none"> • PRICE <ul style="list-style-type: none"> ◦ Cryotherapy: 5-7 times per day ◦ Compression with TubiGrip/TEDS • ROM (limited to 0-90 deg): <ul style="list-style-type: none"> ◦ Heel slides ◦ Prone knee hangs/Supine knee extension with towel under ankle ◦ Patella mobilizations • Quadriceps recruitment • Global LE isometric/proximal hip strengthening • Gait training with crutches • Initial Visit: FOTO, LEFS
Weeks 4 – 8	<ul style="list-style-type: none"> • Discontinue knee immobilizer • Full ROM • Reduce atrophy/progress strengthening • Reduce swelling • Normalize gait • SLR without extensor lag 	<ul style="list-style-type: none"> • Progress to WBAT (wean crutches) • No loading at knee flexion angles >90 degrees (16 weeks) • No jogging or sport activity • Avoid painful activities/exercises • Discontinue brace at 6 weeks 	<ul style="list-style-type: none"> • ROM: as tolerated • Gait training from WBAT to independent • Core stabilization exercises • Neuromuscular re-education • Global LE strengthening <ul style="list-style-type: none"> ◦ Limit deep knee flexion angles >90 degrees ◦ Begin functional strengthening exercises (bridge, mini-squat, step up, etc) • Double limb and single limb balance/proprioception • Aerobic training: <ul style="list-style-type: none"> ◦ Walking program when walking with normal gait mechanics ◦ Stationary bike • Week 6: FOTO, LEFS
Weeks 8 – 16	<ul style="list-style-type: none"> • No effusion • Full ROM • Increase functional LE strength • Return to activity as tolerated • Initiate return to running program • Initiate basic plyometrics 	<ul style="list-style-type: none"> • No loading at knee flexion angles >90 degrees (16 weeks) • Avoid painful activities/exercises • No running until week 12 and cleared by surgeon • No jogging on painful or swollen knee • No plyometric exercises until week 14 and cleared by surgeon 	<ul style="list-style-type: none"> • Aerobic training <ul style="list-style-type: none"> ◦ Begin non-impact aerobic training (elliptical / stairmaster) • Increase loading capacity for lower extremity strengthening exercises • Continue balance/proprioceptive training • Week 12: begin return to running program • Week 16: begin low level plyometric and agility training • Week 12: FOTO, LEFS
Weeks 16+	<ul style="list-style-type: none"> • Full ROM • Functional strengthening • Return to sport/activity 	<ul style="list-style-type: none"> • Return to sport 4-8 months post-op with surgeon approval 	<ul style="list-style-type: none"> • Gradually increase lifting loads focusing on form, control, and tissue tolerance • Progress as tolerated: ROM, Strength, Endurance, Proprioception/Balance, agility, Sport specific skills • Week 24: FOTO, LEFS

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.



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