

Meniscus Repair Rehabilitation

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-4 PT 1- 2x/week HEP daily	Full passive extension ROM 0-90° Patella mobility Edema and pain control SLR without lag Promote independence	Weight bearing as tolerated with Knee immobilizer Limit knee flexion: 0-90° Brace at 0° for ambulation & sleep Avoid active knee flexion	A/AA/PROM emphasize extension Short crank ergometry Patella mobilization Quad re-education and SLR Hip/Core training
Weeks 4-8 PT 2- 3x/week HEP daily	Full passive extension ROM 0-125° Normalize patella mobility Edema and pain control Improve quad control Promote independence Normalize gait Ascend 8" step with control	May remove brace for ambulating once quad strength returns Brace locked at 0° for sleep Limit knee flexion to 125°	AAROM knee flexion/extension Standard ergometry (ROM>115°) Patella mobilization Quad re-education Proprioceptive training Hip/Core training Bilateral leg press 0-60°
Weeks 8-14 PT 1- 2x/week HEP daily	Full ROM Descend 8" step with control Improve endurance Protect patellofemoral	DC brace/crutches when adequate quad and non- antalgic gait No running	Progress squat/leg press Forward step-up/down program Advance proprioceptive training Elliptical, retrograde treadmill
Weeks 14-20 PT 1- 2x/week HEP daily	Symptom free running Improve strength/flexibility Hop Test >85% limb symmetry	Avoid painful activities	Forward running program at 16 weeks (when 8" step down OK) Progress squat program <90° flexion Advance agility program Plyometrics when sufficient base
Weeks 20+ PT 1x/week HEP daily	No apprehension with sport specific movements Strength and flexibility to meet sporting demands	Avoid painful activities No sport until MD clearance	Advance flexibility/agility/plyometrics Sport specific training