

Isolated Arthroscopic Meniscal Repair Rehab Protocol

Description of Procedure: Through an arthroscopic procedure, the torn meniscus is secured using special sutures, absorbable implants or staples.

Safety Warning: Healing is dependent on the vascularity of the tear site and stability of the repair construct. Meniscal motion is greatest past 60 degrees. Twisting should be avoided.

	Weight Bearing	Brace	ROM	Therapeutic Exercise
Phase I: 0 to 6 Weeks	0 to 6 Weeks: Minimal weight bearing in crutches for 6 weeks then gradual increase	0 to 4 Weeks: Wear brace at all times when moving around (remove for exercise)	0 to 2 Weeks: 0 to 60 degrees 2 to 4 Weeks: 0 to 90 degrees 4 to 6 Weeks: Full AROM	1 to 4 Weeks: Heel slides, quad sets, SLR, short arc quad, co-contractions, isometric ab/adduction, patellar mobilization, ankle strength 4 to 6 Weeks: Partial wall sits, no greater than 90°, TKE
Phase II: 6 to 12 Weeks	6 to 8 Weeks: Wean from crutches to normalize gait pattern	None	Full active range of motion	Progress closed-chain exercise, begin hamstring work, lunges 0 to 90°, proprioception exercises, leg press 0 to 90°, begin stationary bike
Phase III: 12 Weeks and Beyond	Full, with a normalized gait pattern	None	Full and pain-free	Progress phase II exercises, focus on single leg strength, running, jogging, plyometrics, sport specific drills

Progression back to sport is dependent on case per case basis and determined by Dr. Farr. If pain or swelling occurs patient is expected to stop causative activity and follow-up with our office.