



Meniscus Repair
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	WEIGHT BEARING	ROM	EXERCISES
Phase 1: 0-2 weeks 2-3x/week	NWB until performing a strong quad set. Once good quad control is evident, advance to WBAT in LOCKED TROM	0-90°	Edema control: Ice, STM, Tubigrip Quad sets, ankle pumps, 4-way ankle theraband, Supine TKE's, SLR's x 4-way (if no extension lag. Perform with brace locked if quad lag is present) Can use NMES to quads (20 minutes, 2-3 x/day)
Phase 2: 2-6 weeks 2-3x/week	WBAT in LOCKED TROM May unlock TROM to match motion (0-90°) as quad control allows	0-90°	Continue phase I exercises and modalities as needed. Avoid tibial rotation shuttle/leg press 0-90°, Standing TKE's, Step-ups forward and lateral Gait training
Phase 3: 6-12 weeks 2x/week	WBAT in open TROM May D/C TROM brace week 6- 8	Full ROM	Advance double and single leg closed chain activity 0-90°. Focus on biomechanical issues of bilateral Lower extremities; Can begin Bike at week 6 if comfortable ROM (110°); Elliptical at week 8; Proprioception/balance; BOSU; Avoid tibial rotation; Avoid isolated Hamstring resistance until week 8 Independent gross strengthening in gym/ home program 2-3x/week.
Phase 4: 12-16 weeks 1-2x/week	Full	Full Focus on hip flexibility and stretching all LE muscle groups	Begin straight line running and dynamic lateral stability drills; walking lunges; resisted 4-way walking Continue to focus on hip/knee/ankle biomechanics and control.
Phase 5: 16-24 weeks 1x/week	Full	Full	Begin Plyometrics and power drills Progress cutting and agility drills, initiate at 25- 50% speed Sports-specific activity with planned RTS at 6 months

*Ideally, obtain operative report to understand the location and extent of the tear/repair

Please see PT referral for any specific post op instructions

Contact MD by 4 weeks post op if patient is not able to achieve full extension.

MD post op appts: 2 weeks, 6 weeks, 12 weeks, 5 months. Please send PT progress notes prior to one.

This protocol is not a substitute for clinical decision making of the health care professional. .