Meniscal Repair Physical Therapy Protocol

Patient Name: __________________________________________ Date: ________________

Surgery:  Right/Left    Medial    Lateral    Meniscal Repair

Date of Surgery: ___________________________

Frequency:  1     2     3     4      times/week  Duration: 1    2    3    4    5    6    Weeks

WEEK 1-2
___ Ambulate NWB in Hinged Knee Brace locked @ 0° in Full Extension for first 4 weeks
___ Limit Range of Motion in weeks 1-2 from 0° to 70°
___ Range of Motion    Active / Active-Assisted / Passive
___ Quadriceps, Hamstring, Achilles stretching
___ Quadriceps Strengthening    ___ V.M.O. Strengthening
      ___ Full Arc    ___ 0-30° Arc
___ Hamstring Strengthening
___ Begin Straight Leg Raises (Knee at 0° in Full Extension)
___ Quad Isometrics, Heel Slides, Patellar Mobilization
___ Electrical Stimulation for Quadriceps

WEEK 3-4
___ Range of Motion: 90° by 6 weeks
___ Begin TTWB at 4 weeks and progress to WBAT by 6 weeks
___ Addition of heel raises, total gym (closed chain), terminal knee extensions
___ Activities w/ brace until 6 weeks; then w/o brace as tolerated

WEEK 5-20
___ Begin to walk w/ brace unlocked once quad control is adequate
___ Do not bear weight past 90° of flexion until 6 weeks  ➔ Progress to full ROM
___ Discard Brace @ 6 weeks once adequate quad control
___ Begin hamstring work, lunges/leg press 0-90°, proprioception exercises, balance/core/hip/glutes
___ May Begin Exercise Bike (start with no resistance)
___ Swimming ok at 12 weeks ➔ Progress closed chain activities

RETURN TO SPORT PHASE
___ Return to Running @ 3-4 months
___ Return to Full Sports @ 4-5 months

___ Functional Capacity Evaluation    ___ Work Hardening/Work Conditioning    ___ Teach HEP

Modalities
___ Electric Stimulation    ___ Ultrasound    ___ Iontophoresis    ___ Phonophoresis    ___ TENS    ___ Heat before
___ Ice after    ___ Trigger points massage    ___ Therapist’s discretion

Signature__________________________________________ Date__________________