

## Complex Meniscus Repair Rehabilitation Protocol

\* Radial, root, or complex repairs

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0 - 6	<ul style="list-style-type: none"> <li>• Protect surgical site</li> <li>• PRICE principles</li> <li>• Active ROM: 0-90 degree</li> <li>• Reduce muscle atrophy</li> <li>• Reduce swelling</li> <li>• Decrease pain and inflammation</li> </ul>	<ul style="list-style-type: none"> <li>• ROM: 0-90 degrees. (Progress to as tolerated at 4 weeks with surgeon approval)</li> <li>• TWB with the knee in full extension using crutches. (PWB at 4 weeks with surgeon approval)</li> <li>• Immobilizer must be on at all times when walking (locked in extension)</li> </ul>	<ul style="list-style-type: none"> <li>• PRICE               <ul style="list-style-type: none"> <li>○ Cryotherapy: 5-7 times per day</li> <li>○ Compression with TubiGrip/TEDS</li> </ul> </li> <li>• ROM: limited to 0-90 deg:               <ul style="list-style-type: none"> <li>○ Heel slides</li> <li>○ Prone knee hangs/Supine knee extension with towel under ankle</li> <li>○ Patella mobilizations</li> </ul> </li> <li>• Quadriceps recruitment</li> <li>• Global LE isometric/proximal hip strengthening</li> <li>• Gait training with crutches</li> <li>• Initial Visit: FOTO, LEFS</li> </ul>
Weeks 6 – 12	<ul style="list-style-type: none"> <li>• Full ROM</li> <li>• Reduce atrophy/progress strengthening</li> <li>• Reduce swelling</li> <li>• Normalize gait</li> <li>• SLR without extensor lag</li> </ul>	<ul style="list-style-type: none"> <li>• ROM: as tolerated</li> <li>• Progress to WBAT at 6 weeks and wean from crutches</li> <li>• Discontinue knee immobilizer at week 6</li> <li>• No loading at knee flexion angles &gt;90 degrees</li> <li>• No jogging or sport activity</li> <li>• Avoid painful activities/exercises</li> </ul>	<ul style="list-style-type: none"> <li>• Gait training from WBAT to independent</li> <li>• Core stabilization exercises</li> <li>• Global LE strengthening               <ul style="list-style-type: none"> <li>○ Limit deep knee flexion angles &gt;90 degrees</li> <li>○ Begin functional strengthening exercises (bridge, mini-squat, step up, etc)</li> </ul> </li> <li>• Double limb and single limb balance/proprioception</li> <li>• Aerobic training:               <ul style="list-style-type: none"> <li>○ Walking program when walking with normal gait mechanics</li> <li>○ Stationary bike</li> </ul> </li> <li>• Week 6: FOTO, LEFS</li> </ul>
Weeks 12 - 18	<ul style="list-style-type: none"> <li>• No effusion</li> <li>• Full ROM</li> <li>• Increase functional LE strength</li> <li>• Return to activity as tolerated</li> <li>• Initiate return to running program</li> <li>• Initiate basic plyometrics</li> </ul>	<ul style="list-style-type: none"> <li>• No loading at knee flexion angles &gt;90 degrees (16 weeks)</li> <li>• Avoid painful activities/exercises</li> <li>• No jogging until Week 14 and cleared by surgeon</li> <li>• No jogging on painful or swollen knee</li> <li>• No plyometric exercise until 16 weeks and cleared by surgeon</li> </ul>	<ul style="list-style-type: none"> <li>• Aerobic training               <ul style="list-style-type: none"> <li>○ Begin non-impact aerobic training (biking, elliptical, stair stepper)</li> </ul> </li> <li>• Increase loading capacity for lower extremity strengthening exercises</li> <li>• Continue balance/proprioceptive training</li> <li>• Week 14: begin return to jogging program</li> <li>• Week 16: Begin low level plyometric and agility training</li> <li>• Week 16: FOTO, LEFS</li> </ul>
Weeks 18 - 24	<ul style="list-style-type: none"> <li>• Full ROM</li> <li>• Functional strengthening</li> <li>• Return to sport/activity</li> </ul>	<ul style="list-style-type: none"> <li>• Return to sport 6-9 months post-op with surgeon approval</li> </ul>	<ul style="list-style-type: none"> <li>• Gradually increase lifting loads focusing on form, control, and tissue tolerance</li> <li>• Progress as tolerated: ROM, Strength, Endurance, Proprioception/Balance, agility, Sport specific skills</li> <li>• Week 24: FOTO, LEFS</li> </ul>

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 of their injury and procedure.