Meniscal Repair Guideline

NMC Northwestern Medical Center	**Document Classification**	☐ Policy ☐ Procedure ☒ Guideline
	Document Type:	☐ Administrative ☒ Clinical
	Applicability:	☐ Organization ☐ Hospital ☒ NMG ☐ Department Only
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Purpose: Define the process to be followed for all patients referred from Northwestern Orthopedics after the above procedure has been performed.

Target Users: Treatment will follow the defined guidelines below and be carried out by Physical Therapist, Athletic Trainer and/or Physical Therapy Assistants.

Definitions:
N/A

Guideline:
Refer to operative report for specific repair performed.
The majority of meniscal repairs are peripheral longitudinal tear repairs and should follow this routine meniscal repair guideline.
There are four scenarios which require additional protection, please refer to protected meniscal repair variance at the end of this guideline.
These include
1. trans osseous root repair
2. Side to side root repair
3. Radial tear repair.
4. Meniscal centralization.

Outpatient Physical Therapy begins at post op day 3

<u>MAXIMUM PROTECTION PHASE (weeks 1- 6)</u>
Goals: Control edema
Allow early healing
Full passive knee extension
Gradually increase knee flexion to 90 degrees maximum
Independent quadriceps control
Variance: If Meniscal Repair performed in addition to ACL reconstruction, please refer to surgeon for which protocol to follow and for any specific precautions
<u>POD 1- 10</u>
Precautions: avoid active knee flexion
Edema Control:
Ice/Cryocuff

Tensogrip/kinesiotape
Elevation
ESTIM

Dressing change:
Remove at post op day 3, cleanse and apply band-aids

Brace:
Locked in extension for ambulation (6 weeks)
sleep (3 weeks)
remove for gentle ROM

Gait:
WBAT in brace with crutches

Exercises: PROM 0-90 degrees
Patellar Mobs
Hamstring and calf stretch
Quad Set, SLR
Hip abduction/adduction
Seated Knee extension 60-0 degrees

Variance:
Protected meniscal repair guideline

- the PT rehab timeline should be delayed by 2 weeks
- foot flat touchdown weight-bearing (or featherweight bearing) for the first six weeks.
- avoid flexion beyond 90° during that for six weeks
- postpone the mini squats (0 to 45), leg press (0 to 60), and Wall squat (0 to 60) until 8 weeks postop

Weeks 2 – 4

Precautions: avoid forced knee flexion, deep squatting and twisting

Edema Control:
Ice/Cryocuff
Tensogrip/kinesiotape
Elevation
ESTIM

Brace: Locked in extension for ambulation (6 weeks)
sleep (3 weeks)
remove for gentle ROM

Gait: WBAT wean from crutches as indicated (usually 3 weeks)

Exercises: Continue PROM exercise (bicycle once ROM appropriate and limit to 90 degrees)
ROM Goals:
0-90 degrees (limit flexion to 90 degrees until 4 weeks post op)

Multi-angle quad isometrics
SLR all planes
Seated knee extension 90-0 degrees
Closed Chain weight shifts (diagonal) in brace
Balance Training in brace
Aquatic Exercises if appropriate

Weeks 5 – 6

Precautions: avoid forced knee flexion, deep squatting and twisting
Edema Control:
Ice/Cryocuff
Tensogrip/kinesiotape
Elevation
ESTIM
Brace: Locked in extension for ambulation (6 weeks)
remove for gentle ROM

Exercises: Continue ROM and stretching to maintain goal of 0-135 degrees
Initiate hip abd/adduction. Hip flexion/extension on mult-hip machine
Proprioceptive Training- tilt board squats in brace
Biodex Balance Stability in brace

(6 weeks)
Mini squat (0-45 degrees)
Leg Press (0-60 degrees)
Wall squat (0-60 degrees)

MODERATE PROTECTION PHASE (Weeks 7-12)
Goals: Establish full PROM
Resolve edema
Re-establish muscle control
Promote proper gait pattern

Weeks 7-10
Continue edema management as needed
Exercises: Continue ROM and stretching
Leg Press
Knee Extension
Hip Abduction/Adduction
Wall Squats
Lateral step ups
Front step downs
Biodex Balance Stability

Squats rocker board
Bicycle
Avoid deep knee bends past 90 degrees and full squats

CONTROLLED ACTIVITY PHASE (Weeks 9-16)

Goals: Improve strength and endurance
Maintain full ROM
Gradually increase applied stress

Exercise:
Continue all exercises listed above
Initiate "light" hamstring curls
Initiate toe/calf raises
Initiate stairmaster
Progress to isotonic strengthening program
Initiate front lunges
Initiate pool running forward/backward
Initiate walking program

RETURN TO ACTIVITY PHASE (Months 4-6)

Goals: improve strength and endurance
Prepare for unrestricted activity

Deep squatting permitted at 4 months
Initiate straight line running at 4 months
Initiate pivoting and cutting at 5 months
Initiate agility training and non-contact sport specific training at 5 months
Gradually return to sports at 6 months once cleared by MD

Variance:

Protected meniscal repair guideline

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- foot flat touchdown weight-bearing (or featherweight bearing) for the first six weeks.
- avoid flexion beyond 90° during that for six weeks
- postpone the mini squats (0 to 45), leg press (0 to 60), and Wall squat (0 to 60) until 8 weeks postop

Responsibilities:

Variances will be communicated by the surgeon directly to the rehabilitation staff.

References:

Clinical Orthopedic Rehabilitation a Team Approach

Appendix(ces):
N/A