

Meniscus Repair Protocol

Dr. Bryan Perkins

Time Frame	Treatment	Goals
Post-Op Day	<ul style="list-style-type: none"> Dressing Change Instruction in Signs and Symptoms of Infection Check for DVT Issue HEP for quad sets, SLR, hip adduction, hip abduction, patellar mobilizations, hip extension, heel slides and cryotherapy ROM 0-90, progress pain free WBAT locked in extension x 1 week, progress to WB unlocked per quad control 	<ul style="list-style-type: none"> Independent in HEP Fair Quad Set Independent with SLR Understands WB Status Long hinged knee brace locked for ambulation, unlocked NWB 0-90
Phase I 0-6 weeks	<ul style="list-style-type: none"> Frequency = 2-3x/week Tabletop exercises in clinic and progression to weight bearing exercises per quad control Can progress ROM to tolerance Avoid squatting past 90 degrees 	<ul style="list-style-type: none"> Good Quad Set Full Extension ROM to WNL Long hinged brace locked for mobility
Phase II 6-12 weeks	<ul style="list-style-type: none"> Frequency = 1-2x/week as needed Discontinue T-scope brace per quad control Progress unilateral exercises Progress functional strength training and closed chain exercises Progress ambulation to normalize gait 	<ul style="list-style-type: none"> Normal gait Normal gait on stairs ROM WNL
Phase III 12-16 weeks	<ul style="list-style-type: none"> Frequency = PRN ROM WNL Progress all other strengthening as tolerated Plyometrics – double leg progressing to single leg Begin jogging, swimming, biking 	<ul style="list-style-type: none"> Return to functional training at 3-4 months per MD discretion
Phase IV 16+ weeks	<ul style="list-style-type: none"> Frequency - prn 	<ul style="list-style-type: none"> Return to sports and functional activity at 6 months with MD clearance and passing functional return to sport testing