



MENISCAL BODY REPAIR (STANDARD PROTOCOL) Physical Therapy Protocol

Patient Name: _____ Date of Surgery: _____

Procedure: Right / Left Knee Medial / Lateral Meniscal Repair

_____ Evaluate and Treat

_____ Provide patient with home exercise program

Frequency: _____ x/week x _____ weeks

_____ **Phase I (0-4 weeks):** *Period of protection. In general, knee is protected with a brace, ROM limited to <90 degrees, and tibial rotation avoided for 4-6 weeks. By the end of this 8 wk period, goal is full ROM, advancing strength and a stable repair.*

_____ **Weeks 0-2:**

- **TTWB with crutches, brace locked in extension** (unless otherwise directed).
- **Brace:** locked in extension (remove for hygiene/exercises).
- **ROM:** PROM 0-90 only; AROM 0-90 as tolerated.
- **Therapeutic Exercises:**
 - a. Ice and elevation, 3-4x/day.
 - b. Biofeedback and/or E-Stim for muscle re-education and effusion reduction as needed.
 - c. Heel slides, ankle ROM.
 - d. Patellar mobilization.
 - e. SLRs, isometrics for quads, hip abductors and adductors.

_____ **Weeks 3-4:**

- **TTWB with crutches, brace unlocked 0-90** (unless otherwise directed).
- **Brace:** unlocked 0-90 (remove for hygiene/exercises).
- **ROM:** PROM 0-90 only; AROM 0-90 as tolerated.
- **Therapeutic Exercises:**
 - a. Continue biofeedback and/or E-Stim for muscle re-education and effusion reduction as needed.
 - b. Heel slides, ankle ROM.
 - c. Patellar mobilization.
 - d. Progress weight for SLRs, continue isometrics for quads, hip abductors and adductors

_____ **Phase II (4-16 weeks):** *Advance closed chain strengthening to provide extra-articular protection of meniscus during sports activities.*

- **WBAT** without assist
 - Progressive resistance on Eagle machines
 - Multi-hip; knee extension/flexion; leg press; calf raises
 - Isokinetics
 - Velocity spectrum
 - Increase endurance activities
 - Bike, pool, versaclimber, walking, **No Running**

_____ **Phase III (16 weeks to release):** *Sport-specific activities.*

- Continue Phase II exercises three times per week
- Running.
- Begin with 1 mile jog/walk and increase in 1/4 mile increments.
 - Once patient is able to jog 20 minutes with no discomfort or swelling may progress functional activities to include figure 8's, cutting, jumping, etc.
- Sport specific activities (progressed as tolerated).
- Backward running, carioca, ball drills & other sport skills.

Criteria for Return to Full Activity:

- Adequate healing time.
- Full pain free ROM.
- Normal isokinetic evaluation and function tests.
- Satisfactory performance of sport specific activities without swelling.

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.

This patient _____ would _____ would not benefit from social services.

Physician Name: _____ Date: _____