

Meniscus Repair

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Post-Operative Protocol

Phase I – Maximum Protection (Weeks 0 to 6):

0 to 1 Week:

- Brace locked in full extension for while ambulating for 4-6 weeks
- Use crutches for 7 to 10 days to reduce inflammation, then weight bearing as tolerated
- Ice and modalities to reduce inflammation and pain

Range of Motion Limits

- 0° of knee extension
- 90° of knee flexion for 4 weeks

Exercises

- Emphasize patellafemoral mobilizations
- Passive/active knee range of motion with 90° flexion limit
- Quadriceps setting emphasize VMO function
- Multi-plane straight leg raising
- Open and closed chain (when WB with brace on) multiplane hip strengthening
- Gait training
- Deep water pool program

Phase II - Progressive Stretching and Early Strengthening (weeks 6-8):

- Open brace 0° to 90° for 2 weeks while ambulating
- Full knee extension/hyperextension
- Gradual progression to full knee flexion
- Continue to emphasize patella mobility
- Begin bilateral closed kinetic chain strengthening limited range initially
- Step-up progression
- Begin stationary bike with light resistance initially
- Gait training- normalize gait pattern

Phase III – Advanced Strengthening and Proprioceptive Phase (Weeks 8 to 12):

- Full knee range of motion
- Begin full gym strengthening program
- Advance stationary biking program (increase intensity), introduce treadmill
- walking and elliptical trainer
- Begin shallow water pool program
- Advance unilateral closed kinetic chain program
- Gym strengthening progression (leg press, hamstrings curls etc.)

Phase IV – Advanced Strengthening and Plyometric Drills (Weeks 12 to 16):

- Linear running progression
- Progress to lateral and rotational stresses at 14 weeks
- Begin multi-directional drills on the field at 14-16 weeks
- Plyometric drills from bilateral to unilateral
- Follow-up examination with the physician
- Sports test for return to play

Please have Physical Therapist call Dr. Bjerke with any questions or concerns. 952-456-7000