

MENISCUS REPAIR

Post-Operative Physical Therapy Protocol



SCAN FOR THE
ONLINE VERSION



Stanford
MEDICINE

Dear Colleague,

I appreciate your partnership in the rehabilitation of this very special patient of ours. I have instructed the patient that you will be using this protocol. My belief is that the biggest predictor of success is what the patient does at home and consistently. **They should view you not just as a therapist but as a highly educated and skilled teacher** and the patient *must* be an active participant in the rehab process.

To facilitate this, I have included a copy of the rehab protocols I would like the patient to focus on at each time point in the rehab process. Please assist me by encouraging and teaching our mutual patient their home exercises as well.

With your help and the active participation of our patient, I know we can have another fantastic knee.

Please do not hesitate to reach out directly to me and my team with any questions at any time.

Respectfully,



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	WEEKS 0-4	WEEKS 5-8	WEEKS 9-12	WEEKS 13-16+
Weight bearing	WBAT <i>Brace locked in full extension</i>	Full <i>No WB past 90° flexion</i>	Full <i>Unrestricted</i>	Full
Range of motion	0-90° <i>Emphasis on full extension</i>	Unrestricted <i>No WB past 90° flexion</i>	Unrestricted <i>Even with WB</i>	Full
Brace	Locked in extension <i>Walking and sleeping</i>	D/C when quad <i>strength adequate</i>	None	None
Strengthening	Quad sets, SLR, heel slides <i>Patellar mobs, ankle pumps</i>	Mini-squats, step-ups <i>Closed chain, proprioception</i>	Squats, step-downs <i>Leg press, lunges</i>	Single leg <i>Sport-specific</i>
Impact and sport	None	Stationary bike	Bike	Jogging to running <i>Full sport at 6 months</i>

As tolerated means pain during exercise no more than 2/10 above baseline. Avoid pushing into pain.

WEEKS 0-4

- WBAT with brace in full extension; discontinue crutches when comfortable.
- **Brace locked at full extension while ambulating and sleeping.**
- **Active and passive ROM 0 to 90°** with emphasis on full extension.
- Heel slides, quad sets, patellar mobilizations, ankle pumps.
- Straight leg raises (without the brace when able to SLR without an extension lag).

WEEKS 5-8

- Continue exercises from weeks 0 to 4.
- **Unrestricted ROM; however, no weight bearing past 90° of flexion.**
- Discontinue the brace when quad strength is adequate for ambulation.
- Mini-squats, weight shifts, initiate step-up program.
- Closed chain knee extension, stationary bike, weight-bearing gastrocnemius and soleus stretch.
- Proprioceptive training.
- **Avoid tibial rotation.**

WEEKS 9–12

- Unrestricted ROM, even with weight bearing.
- Advance closed chain strengthening and bike exercises.
- Progressive squat program.
- Initiate step-down program.
- Leg press and lunges (start initially with body weight only).
- Proprioceptive exercises.

WEEKS 13–16+

- Begin jogging and progress to running.
- Progressive strengthening exercises.
- Single leg exercises.
- Sport-specific exercises.
- **Return to full sport at about 6 months**, once cleared by Dr. Tummala.

CRITERIA TO RETURN TO SPORT

- Full ROM compared with the uninvolved side.
- No effusion.
- Normal gait and pain-free activities of daily living.
- Quadriceps strength at least 90% of the uninvolved side.

WEEK-BY-WEEK PROGRESSION

EXERCISE	1	2	3	4 (1 mo)	5	6	7	8 (2 mo)	9	10	12 (3 mo)	16	20	24 (6 mo)
Initial Exercises														
WBAT with brace locked in full extension														
Brace until quad strength adequate														
Active and passive ROM 0 to 90°														
Heel slides, quad sets, patellar mobs, ankle pumps														
Straight leg raises														
Advanced Exercises														
Unrestricted ROM, no WB past 90° flexion														
Unrestricted ROM, including with WB														
Mini-squats, weight shifts, step-ups														
Closed chain knee extension, calf stretch														
Proprioceptive training														
Avoid tibial rotation														
Progressive squats, step-downs														
Leg press and lunges (body weight first)														
Single leg exercises														
Cardiovascular Exercises														
Stationary bike														
Agility Exercises														
Jogging, progressing to running														
High-Level Activities														
Sport-specific exercises														
Return to full sport at 6 months														

This protocol is a general guideline and does not replace the clinical judgment of the treating therapist and surgeon. Please contact our office with any questions.