



TEXAS SPORTS & JOINT CLINIC

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Post-operative Meniscus repair Protocol

First 7-10 days

- 1) Keep knee immobilizer or brace on and locked in full extension.
- 2) Use crutches. May bear partial weight.
- 3) Change dressing on second day after surgery and replace with dry dressing. Leave tape/steri-strips on the skin and do not remove unless they fall off on their own.
- 4) Perform calf pumps, straight leg raises, heel slides, and quadriceps sets three times each day (10-20 repetitions each time).
- 5) Use ice pack/cryocuff at least 3 times each day for 15 minutes each time to reduce swelling and pain
- 6) Keep wound/dressings dry. No showers for 7 days and no baths for three weeks
- 7) Pain medication, muscle relaxant, vitamin D/calcium supplementation, and antibiotics will be prescribed. Do not use anti-inflammatory medication like Advil (ibuprofen), Aleve (naproxen) for 6 weeks after surgery.

1 week to 6 weeks

At first clinic visit:

- 1) May bear full weight with immobilizer or brace locked in extension and continue to use crutches. May discontinue bracing by 2-4 weeks as comfort allows.
- 2) Sutures will be removed if necessary but often they are buried under the skin. No baths or pools for 3 weeks after surgery.
- 3) Do not need to wear dressing if brace does not rub against the wound.
- 4) Steri-strips will fall off on their own. If they do not fall off, pull them off gradually by two weeks after surgery.

PT goals (Range of motion):

- 1) Full symmetric extension by 2 weeks. Notify my office if not achieved.
- 2) 90 degrees of flexion by 4-6 weeks. **No squatting for minimum of 3 months.**
- 3) Swelling control.

Exercises:

- 1) Quadriceps sets
- 2) Straight leg raises
- 3) Patellar mobilization
- 4) Supine knee flexion/extension
- 5) Heel slides to 90
- 6) Sitting knee flexion to 90

6 weeks to 12 weeks

6 week clinic visit:

- 1) Knee should be fully extended.
- 2) Brace should have been off for 2 weeks.
- 3) Should be able to walk with little or no limp.
- 4) Swelling should be absent.

PT goals (Improve ROM, advance strengthening):

- 1) Obtain full knee flexion by 10-12 weeks. **No squatting for a minimum of 3 months.**
- 2) Quadriceps strengthening

- 3) Hamstring strengthening
- 4) Calf strengthening

Exercises:

- 1) Wall slides and mini-squats to 30 degrees (closed chain 0-30)
- 2) Open chain extension quads 90 to 60 degrees only with low weights.
- 3) Hamstring curls with low weights 0-90. Progress gradually to higher weights by 12 weeks
- 4) Toes raises, step ups
- 5) May ride exercise bike, Nordic track, elliptical trainer, stairmaster with low resistance. Swimming (free style and backstroke only; avoid heavy kicking strokes).

3 to 6 months

PT goals:

- 1) Continue all previous exercises to progress to full strength of quadriceps and hamstrings

Exercises:

- 1) Start jogging at 4 months
- 3) Full squats, leg presses at low weights and progress to full weight by 5-6 months. All weight training should be slow, controlled. No ballistic motion. No cutting maneuvers.

6 – 9 months

Goals:

- 1) Return to sport if full range of motion, strength is 90% of other leg
- 2) Brace not required

Exercises:

- 1) Begin with sport-specific exercises and cutting maneuvers and progress to playing over 1-6 weeks

Additional instructions:

If right leg is operative leg, may not drive automatic transmission vehicle for 1-2 weeks.

If left leg is operative leg, may drive automatic transmission vehicle after have stopped using narcotic pain medication.

May return to sedentary desk work in one week.

May return to work requiring standing gradually over 3-4 weeks.

May return to heavy labor in 4-6 months.

Duration and frequency of PT:

For week 1-8 (14 visits): supervised 2x/week. Perform exercises on your own 5-7 days/week

For week 8-12 (4 visits): supervised 1x/week. Perform exercises on your own 3-5 days/week

For weeks 12-24 (3 visits): supervised 1x/month. Perform exercises on your own 3-5 days/week

If you are doing well and achieved given milestones, we may give you a PT holiday.