

**Dr. Ernat's Isolated Meniscus Repair/Meniscal Root Repair/Meniscal Transplant
Post-Operative Protocol**

May attend up to 1-3 times weekly for 12-16 weeks.

Timing of each phase varies based on individual patient factors, length of time immobilized, strength/ROM status, and expected performance/activity demands.

PHYSICAL THERAPY (PT): Begin around 2-3 days after surgery.

RESTRICTIONS: PWB with leg locked in extension 25-50% for 4 weeks with crutch assistance. ROM limitation 0-90 degrees for first 4 weeks. Wean off of crutches thereafter with progression to full WB.

BRACE: Anticipate ROM brace wear for minimum 6-12 weeks depending upon extent of repair.

RANGE OF MOTION: 0-90 deg for first 4 weeks. After may progress as tolerated without forceful hyperflexion.

STRENGTHENING: Quad sets, e-stim, SLR immediately post-op w brace on. Progress light strength after 6-8 wks.

MODALITIES: Per PT or ATC's discretion. Ice use 3-5 x/day first 10-14 days then 2-3 x/day wks 1-4 as needed.

RETURN TO ACTIVITY: subject to change, based on individual progress.

Planks: 6 weeks

Recumbent bike: 8 weeks

Elliptical: 8 weeks

Swimming: 8 weeks

Road bike outside: 8 weeks

Light jogging: 3 months

Running: 4 months

Golf (chip/putt): 4 months

Golf (full swing): 4 months

Climbing: 4 months

Skiing: 4-6 months

Tennis: 4-6 months

Soccer: 6 months

Basketball: 6 months

Contact sports: 6 months

PHASE I: PROTECTION / RANGE OF MOTION (POST-OP – WKS 1-4)

- Control pain and swelling, decreased effusion, wound healing.
- Rest, ice, compression, elevation 3-5 x/day to help decrease pain and swelling.
- **PWB 25-50%** with crutch assistance and brace locked in extension **for 4 weeks.**
- **ROM 0-90 degrees** for first **4 weeks.**
- Normal patellar mobility. Quad activation, quad sets, SLR. Glute sets. Hip abduction/adduction.

- 1) Scar tissue mobilization, E-stim, modalities.
- 2) Home exercise program (HEP) to be performed 2-3 times daily.

PHASE II: RANGE OF MOTION / LIGHT RESISTANCE (*POST-OP WKS: 4-6*)

- Pain management and control of effusion.
- Progress to WBAT with brace
- Anticipate brace wear for minimum 6-12 weeks pending repair type.
- After 4 wks may gently progress flexion past 90 as tolerates. **Do not force flexion.** Maintain extension.
- Normal patellar mobility, scar tissue mobilization.
- Neuromuscular re-education of quadriceps.
- Upper extremity reaches and core, flexibility exercises.
- Modalities per therapist discretion. HEP to be performed 2-3 times daily.
- Wean crutches 4-6 weeks, FWB by 6 weeks.

PHASE III: STRENGTHENING (*POST-OP WKS: 6-10*)

- Absence of pain, no effusion or edema.
- FWB. Full P/AROM. Increased range of motion (ROM) - gradual increase in flexion ROM based on pain assessment, flexion as tolerates, full extension.
- Good quad recruitment, normal gait, SLR without lag. Quad/ham isometrics.
- Progression of quad strength exercises and closed kinetic chain exercises.
- Closed chain double leg & single leg strength as tolerated, mini-squats, step-ups, toe raises, total gym as tolerated.
- Avoidance of pivoting, agility, twisting.
- Standing balance training. Isokinetic exercises.
- **8 weeks**, cardiovascular training: bike/cycling, underwater treadmill.

PHASE IV: ADVANCED STRENGTH (*POST-OP WKS: 10-12*)

- Leg press, step-downs, lateral step-ups.
- Strength, endurance, proprioception and flexibility exercises.
- Swimming, stair master, mini squats, cycling, NordicTrack.
- Improved stability with unilateral stance.
- Equal hip, gluteus and core strength bilaterally.
- Returned to full or near full participation in ADL's.
- Preparation for advanced exercises.

PHASE V: RETURN TO ACTIVITY (*POST-OP WKS: 12-16+*)

- Initiate running program at around **12 weeks**. If meniscal transplant may be at **16 weeks**.
- Initiate cutting program at around **16 weeks**. If meniscal transplant may be at **20 weeks**.
- Increased strength, power, flexibility and endurance.
- Preparation for return to full unrestricted activities.
- Avoid hyperflexion.
- Agility drills, plyometric training and sport-specific drills.
- Satisfactory clinical examination.
- Goal of full confidence in knee and pain free activity by 5 months.
- Functional testing at least 90% of contralateral leg
- Isokinetic testing at least 90% of contralateral leg

KEY FOR PATIENTS:

POST-OP = after your surgery

WB = weight-bearing

ROM = range of motion

PROM = passive range of motion, someone else moves you

AAROM = active assisted range of motion

AROM = active range of motion, you move yourself

RROM = resisted range of motion, motion against resistance, strengthening

SLR = straight leg raise

WNL = within normal limits