

Meniscal Root Repair

Weeks One to Four	Weeks Five to Eight
Evaluate	Evaluate
<ul style="list-style-type: none"> ➤ Range of motion ➤ Joint hemarthrosis ➤ Ability to contract quad/vmo ➤ Gait: NWB ➤ Patella Mobility ➤ Inspect for infection/signs of DVT ➤ Assess RTW and sport expectations 	<ul style="list-style-type: none"> ➤ Range of Motion ➤ Ability to contract quad/vmo ➤ Signs of infection or DVT ➤ Patella mobility
Patient Education	Patient Education
<ul style="list-style-type: none"> ➤ Support Physician prescribed meds ➤ Ensure compliance w/ pre-op hep ➤ Reinforce use of brace and assistive device ➤ <u>PRECAUTIONS</u> No flexion beyond 60 -90 degrees as ordered No active HS ➤ Discuss frequency and duration of treatment (2-3x/wk is expected for 8-12 weeks) 	<ul style="list-style-type: none"> ➤ Begin progressive WB if cleared by physician ➤ Progress flexion ROM as tolerated ➤ Brace may be opened to 10 degrees less than the patients pain free ROM if good quad contraction ➤ Reinforce precautions. No weight bearing activities beyond 90 degrees of knee flexion
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Review and update pre-op HEP ➤ May complete AROM and Isometrics within surgical precautions 	<ul style="list-style-type: none"> ➤ Initiate bicycle (do not force flexion) ➤ Begin closed chain exercises limited knee flexion 0-60 degrees. (leg press, step up) ➤ Progress balance exercises, Single leg: stable, double leg: unstable
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> ➤ Patella mobilization as needed ➤ PROM as tolerated (focus on extension) ➤ Incision mobilization week 2 	<ul style="list-style-type: none"> ➤ Patella mobilization as needed ➤ Posterior capsule mobilization (if needed) ➤ Incision mobilization
Modalities	Modalities
<ul style="list-style-type: none"> ➤ NMES / Interferential/Biofeedback ➤ Ice 	<ul style="list-style-type: none"> ➤ Modalities may be used as needed
Goals	Goals
<ul style="list-style-type: none"> ➤ Gain full knee extension ➤ Control pain ➤ Reduce joint hemarthrosis ➤ Restore voluntary quad contraction ➤ Independence with post-op precautions ➤ 0-60 or 0-90 degrees ROM per physician 	<ul style="list-style-type: none"> ➤ Normal gait pattern without brace or assistive device ➤ Normal ROM by week 8 ➤ Quad strength to 4/5 by week 8

Weeks Nine to Twelve	Weeks Twelve to Discharge
Evaluate	Evaluate
<ul style="list-style-type: none"> ➤ Gait ➤ ROM ➤ Balance 	<ul style="list-style-type: none"> ➤ Any excessive joint laxity ➤ Address any deficits that may limit return to work or sport. ➤ HEP compliance
Patient Education	Patient Education
<ul style="list-style-type: none"> ➤ No impact, deep squats, squats with lifting, crossed legged sitting until 4 months post op. 	<ul style="list-style-type: none"> ➤ No impact, deep squats, squats with lifting, crossed legged sitting until 4 months post op.
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Closed chain exercises ➤ Begin active hamstring progression ➤ Isotonic activity ➤ Single leg stance balance and proprioception ➤ Bilateral dynamic balance activity 	<ul style="list-style-type: none"> ➤ Continue strength and conditioning ➤ Encourage participation in CFA ➤ Sport specific and plyometric training after 4 months
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> ➤ Patella mobilization as needed ➤ PROM and posterior capsule stretch as indicated 	<ul style="list-style-type: none"> ➤ Any as indicated
Modalities	Modalities
<ul style="list-style-type: none"> ➤ Any as Indicated 	<ul style="list-style-type: none"> ➤ Any as indicated
Goals	Goals
<ul style="list-style-type: none"> ➤ Single leg stance with eyes closed for at least 10 seconds ➤ 4+/5 strength by week 12 	<ul style="list-style-type: none"> ➤ Minimal to no pain ➤ 5/5 muscle strength ➤ Discharge to full work or sport

References

- Patrick McCulloch, Hugh L. Jones, Kendall Hamilton, Michael Hogen, Jonathan Gold, Philip Noble. Does simulated walking cause gapping of meniscal repairs? Journal of Experimental Orthopaedics (2016) 3:11
- Kelly VanderHave MD, Crystal Perkins MD, Michael Le MD. Weight Bearing Versus Non-weight bearing After Meniscal Repair. Sports Health (2015) Vol 7. No. 5

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