From the office of: Andrew J Blackman, MD

3000 15<sup>th</sup> Avenue South Great Falls, MT 59405 406-454-2171 <u>AJBOrthopedics.com</u>



#### PHYSICAL THERAPY PROTOCOL PROCEDURE: MENISCUS REPAIR

# I. <u>Weeks 0-4:</u>

- a. Restrictions:
  - i. Immobilizer, if provided, must be on at all times when walking.
  - ii. Toe touch weight-bearing
  - iii. No flexion past 90°
- b. Goals:
  - i. ROM: 0-90 degrees.
  - ii. Reduce muscle atrophy and swelling.

c.		Exercises:
	i.	Quad, hamstring, and gluteal sets.
	ii.	Hip belt abduction isometrics, pillow adductor squeezes.
	iii.	Core strengthening
	iv.	Ankle dorsiflexion/plantar flexion isometrics or Theraband strengthening.
		sucinguicining.

v. Cryotherapy multiple times during the day.

### II. <u>Weeks 4 to 8:</u>

- i. No knee flexion past 90° until 6 weeks post-op
- b. Goals:
  - i. Full active range of motion of the involved knee at 8-10 weeks postop.
    - ii. No effusion.
    - iii. Improved core and hip strength and endurance.
- c. Weight bearing:

- i. Transition to WBAT progressively, discontinue immobilizer and crutches when able
- d. Exercises:
  - i. Maximize core, hip and lower extremity strength in all planes of motion.
  - ii. Maximize knee, hip and ankle mobility.
  - iii. Advance proprioception training.

### III. <u>Weeks 8 to 16:</u>

- a. Restrictions:
  - i. No loading at knee flexion angles greater than 90 degrees.
- b. Goals:
  - i. Maximize core, hip and lower extremity strength in all planes of motion.
  - ii. Full active range of motion
  - iii. No effusion
- c. Exercises:
  - i. Begin stationary bike.
  - ii. Continue to maximize core, hip, lower extremity mobility and stability programs.
  - iii. Advance to functional perturbation/proprioception training.

## IV. <u>Months 4-6:</u>

- a. Restrictions:
  - i. Continue to maintain proper hip, knee and foot alignment during training and activities.

### b. Goals:

- i. Full, unrestricted return to activities.
- c. Exercises:
  - i. Advance core, hip, lower extremity mobility and stability exercises.
  - ii. Advance to appropriate plyometric exercises for the individual's sport or occupation.
  - iii. Advance aerobic and anaerobic energy systems by use of nonimpact conditioning such as bike and elliptical trainer.