

**Patient Name:**

**Patient Phone:**

**Surgery/DOS:**

**Surgeon:**

## **MENISCUS REPAIR REHABILITATION PROTOCOL**

### **RESTRICTIONS:**

*NWB x 6 weeks. Brace 0-0 x 2 weeks. PROM 0-90 x 2 weeks, then full PROM.*

### **Stage I/early recovery: week 0 to 6**

Protect surgical repair. Begin PT 3-5 days after surgery. PT 2 times per week.

Motion: Patella mobilizations, flexion/extension supine wall slides, flexion/extension seated AAROM, extension mobs/manual therapy

Therapeutic exercise: Ankle pumps, Isometric quad sets → SLR with NMES

Glute sets (**No Hamstrings sets until Week 7**). Hamstrings stretch- seated towel

Cardio: Bike with well leg only

### **Stage II: week 7 to 10**

Increase muscular endurance. PT 2 times per week.

Motion: Patella mobs, supine wall slides, seated AAROM, manual extension mobs/

Therapeutic exercise: Gait training. Shallow squats, DL bridge, Reverse lunge holds, Open chain hip in supine/standing. Mobility/foam roller.

Cardio: Bike w/ both legs without resistance, Treadmill walking (add incline Week 9)

### **Stage III: week 11 to 16**

Increase muscular strength. PT 1-2 times per week.

Motion: full

Therapeutic exercise: Double knee bends → Balance squats, Double leg bridges → Bridge on ball, Reverse lunge, Open chain hip abd/ext with cord, Single leg deadlifts

Mobility/foam roller program.

Cardio: Bike with with resistance, Elliptical (begin Week 12), Rower (Begin Week 12).

### **Stage IV: week 16+**

Return to preferred activities/sport. PT 1 time/week → bi-weekly.

Incorporate sport-specific training. Agility: single plane @ Week 16 → multi-directional @ Week 20+

Running progression: begin flat, straight line → progress as tolerated

Cardio: bike, treadmill, elliptical, rower / recommend cross training

**Note:** Outdoor biking, hiking, snowshoeing will generally begin ~4-mos post-up.

Higher level activities, skiing, basketball, tennis, etc is allowed ~20 weeks after surgery → Exercise

Testing at the COSMO follow-up will ultimately determine readiness.

**Comments:**

**Modalities:**

Dry Needling

Cupping

Electrical Stim

Soft tissue mobilization/Manual therapy/Graston

Per treating therapist

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_