



## Isolated Arthroscopic Meniscal Repair Rehab Protocol

**Description of Procedure:** Through an arthroscopic procedure, the torn meniscus is secured using special sutures, absorbable implants or staples.

**Safety Warning:** Healing is dependent on the vascularity of the tear site and stability of the repair construct. Meniscal motion is greatest past 60 degrees. Twisting should be avoided.

	<b>Weight Bearing</b>	<b>Brace</b>	<b>ROM</b>	<b>Therapeutic Exercise</b>
<b>Phase I: 0 to 6 Weeks</b>	<b>0 to 6 Weeks:</b> Minimal weight bearing in crutches for 6 weeks then gradual increase	<b>0 to 4 Weeks:</b> Wear brace at all times when moving around (remove for exercise)	<b>0 to 2 Weeks:</b> 0 to 60 degrees  <b>2 to 4 Weeks:</b> 0 to 90 degrees  <b>4 to 6 Weeks:</b> Full AROM	<b>1 to 4 Weeks:</b> Heel slides, quad sets, SLR, short arc quad, co-contractions, isometric ab/adduction, patellar mobilization, ankle strength  <b>4 to 6 Weeks:</b> Partial wall sits, no greater than 90°, TKE
<b>Phase II: 6 to 12 Weeks</b>	<b>6 to 8 Weeks:</b> Wean from crutches to normalize gait pattern	None	Full active range of motion	Progress closed-chain exercise, begin hamstring work, lunges 0 to 90°, proprioception exercises, leg press 0 to 90°, begin stationary bike
<b>Phase III: 12 Weeks and Beyond</b>	Full, with a normalized gait pattern	None	Full and pain-free	Progress phase II exercises, focus on single leg strength, running, jogging, plyometrics, sport specific drills

*Progression back to sport is dependent on case per case basis and determined by Dr. Farr. If pain or swelling occurs patient is expected to stop causative activity and follow-up with our office.*