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MENISCUS & MCL REPAIR REHABILITATION PROTOCOL

Patient Name: _____ **Date:** _____

Frequency: _____ **per week, for** _____ **weeks** **SITE** **R** **L**

Our protocol for rehabilitation following meniscal repair is divided into four phases; maximum protection, moderate protection, advanced phase and return to activity phase. These time periods are based primarily on the healing time of peripheral tissues, and location of the tear.

Modifications to Meniscus repair rehabilitation protocol for MCL repair/reconstruction:

- **WBAT with crutches x 2 weeks- brace locked in extension**
- **Start ROM immediately, in safe zone (0-90) determined intra-operatively. After 2 weeks, ROM as tolerated**
- **Start quad sets and patella mobilization immediately post op**
- **After weight-bearing begins, limit leg press to 70 degrees knee flexion until 3 months**
- **Begin strength and proprioceptive training at 16-20 weeks**
- **return to sport based on functional tests and MD clearance**

The Key Factors in Meniscal Repairs Include:

1. Anatomical site of tear (may affect WB status)
2. Suture fixation • can lead to failure if too vigorous
3. Location of tear- anterior or posterior
4. Other pathology; i.e. PCL, MCL, ACL

Phase I • Maximum Protection Phase: Weeks 1-4

- Stage I:** Immediate post-surgery day: week 1
- Ice, compression, elevation
 - Electrical Muscle Stimulation
 - Week 0-2: Brace locked at 0 for ambulation and sleep (remove for hygiene and PT)
 - Weeks 2-4: Brace unlocked for ambulation and removed for sleep, hygiene and PT
 - Weight-Bearing: as tolerated with crutches unless radial or root tear
 - Range of Motion 0-90
Motion is limited in the early postoperative period to protect the repair.
Gradual increase in flexion ROM based on assessment of pain (90° maximum until end of week 4)
 - Patellar Mobilization
 - Scar tissue Mobilization
 - Passive Range of Motion

Exercises:

quadriceps isometrics
hamstring isometrics (posterior horn no hamstring exercises for 6 weeks)
hip abd/adduction
Weight bearing as tolerated with brace locked at 0"
Proprioception Training

Stage II: Weeks 2-6

Exercises:

- PRE program initiated
- Limited range knee extension (in range less likely to impinge or pull on repair)
- Toe Raises
- Mini-squats
- Cycling
- Surgical Tubing Exercises - diagonal patterns
- Flexibility Exercises

Moderate Protection Phases: Weeks 6-10

Goals: Increase strength, power, endurance
Normalize ROM of knee Prepare patient
for advanced exercises

Criteria To Progress To Phase II:

1. Range of Motion 0-90
2. No change in Pain or Effusion
3. Quad Control
"Good MMT"

Exercises:

Strength - PRE program continues
Flexibility Exercises are emphasized
Lateral Step-ups - 30 sec x 5 sets -> 60 sec x 5 sets
Mini-squats
Isokinetic Exercises

Endurance Program:

Swimming
Cycling Nordic
Track Stair
Machines Pool
Running

Coordination Program:

Balance Board High
Speed Bands Pool
Sprinting Backward
Walking

Plyometric Program

Phase III

Advanced Phase: Weeks 11-15

Goals:

Increase Power, Endurance
Emphasize Return to Skill Activities
Prepare to Return to Full Unrestricted Activities

Criteria To Progress To Phase III:

1. Full non-painful ROM
2. No pain or tenderness
3. Satisfactory Isokinetic Test
4. Satisfactory clinical exam

Exercises:

Continue all Exercises in Phase II
Increase Tubing Program, Plyometrics. Pool program
Initiate Running Program

Return To Activity:

Criteria For Return To Activity:

1. Full non-painful ROM
2. Satisfactory Clinical Exam
3. Satisfactory Isokinetic Test

Send Progress notes

Physician's Signature:

(I have medically prescribed the above treatments)

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