



**TWIN CITIES ORTHOPEDICS**

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## **Knee Arthroscopy with Meniscus Repair Rehab Protocol (Longitudinal / Bucket handle tears)**

This protocol provides you with general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. Specific changes in the program will be made by the physician as appropriate for the individual patient.

\*\*\*\*Please fax initial assessment and subsequent progress notes directly to  
MOSMI at 952-944-0460\*\*\*\*

### **Week 1**

- Ankle pumps every hour
- Post-op brace to maintain full extension
- Quad sets & SLR (brace on) with no lag
- 50% PWB to WBAT with crutches
- Ice or Cryocuff Unit on knee for 20 – 30 minutes every hour
- Pillow or towel roll under heel passive knee extension exercise
- Passive ROM exercises only if done with therapist present (brace off); Goal: 0 – 90 degrees

### **Week 2 – (No knee flexion past 90 degrees)**

- Supervised PT – 2 – 3 times a week (may need to adjust based on insurance)
- Continue SLR's in brace, quad isometric sets, ankle pumps
- No weight bearing with knee in flexed position, may WBAT with brace locked in full extension
- Passive knee extension with towel roll under heel
- Patellar mobilization exercises
- Brace locked in full extension for ambulation and sleeping, and may unlock for sitting. Continue to use crutches when out of home.
- May remove brace for HEP, except SLR
- Flexion exercises seated AAROM
- Stationary bike for range of motion (short crank or high seat, no resistance)
- Hamstring and calf stretching
- Hip strengthening
- Heel raises with brace on; Goal: 0 – 90 degrees

### **Week 3 – (No knee flexion past 90 degrees)**

- Continue with above exercise/ice treatments
- No weight bearing with knee in flexed position, may WBAT with brace locked in full extension
- D/C crutches if stable with brace in full extension for ambulation
- Perform scar massage aggressively
- AAROM (using good leg to assist) exercises (4 – 5x / day)
- Emphasis full passive extension
- Progressive SLR program for quad strength with brace off if no extensor lag (otherwise keep brace on and locked) – start with 1 lb, progress 1 – 2 lbs per week
- Theraband standing terminal knee extension
- Single leg standing
- Hamstring PRE's
- Seated leg extension (90 to 40 degrees) against gravity with no weight

### **Week 4 – Progress Non-Weight Bearing ROM as tolerated**

- Continue all exercises
- No weight bearing with knee in flexed position, may WBAT with brace locked in full extension
- Continue ROM stretching and overpressure into extension
- Heel raises
- SLR's – in all planes with weight

### **Week 5**

- Continue above exercises
- Unlock brace for ambulation when quad control is adequate
- Self ROM 4 – 5 x / day using other leg to provide ROM, emphasis on maintaining 0 degree passive extension
- Advance ROM as tolerated – no limits
- Mini-squats and weight shifts
- Isotonic leg press (0 – 90 degrees)
- 4 inch step ups
- Regular stationary bike if flexion > 115
- Lateral step out with Therabands
- Retro treadmill progressive inclines

### **Week 6**

- Continue above exercises
- D/C brace if quad control adequate
- Half squats (0 – 40 degrees)
- Add ball squats; Goal: 0 – 115 degrees, walking with no limp

## **Week 6 cont.**

- Initiate retro treadmill with 3% incline (for quad control)
- Brisk walking
- Progress balance and board throws
- 8 inch step ups
- 4 inch step downs
- Swimming allowed, flutter kick only

## **Week 7 - 9**

- Advance ROM
- Retro treadmill progressive inclines
- Stair master machine
- Increase resistance on stationary bike
- SportCord (bungee) walking
- Start slide board
- 6 – 8 inch step downs

## **Week 10**

- Begin resistance for open chair knee extension
- Bike outdoors, level surfaces only
- Plyometric leg press
- Jump downs (double stance landing)
- Progress to light running program and light sport specific drills if:
  - Quad strength > 75% contralateral side
  - Active ROM 0 – >125 degrees
  - Functional hop test >70% contralateral side
  - Swelling < 1 cm at joint line
  - No pain
  - Demonstrates good control on step down

## **Week 11 - 12**

- If full ROM, quad strength > 80% contralateral side, functional hop test >85% contralateral side, satisfactory clinical exam:
  - Progress to home program for running. Progress to hops, jumps, cuts, and sports specific drills. Begin to wean from supervised therapy.

## **Criteria for return to sports**

### **4 - 5 Months**

- Full active ROM
- Quadriceps > 90% contralateral side
- Satisfactory clinical exam
- Functional hop test > 90% contralateral side
- Completion of ACL running program