



Meniscus Repair
Conservative

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- Key Factors
 - Anatomic site of tear (medial vs. lateral)
 - Orientation of tear (radial vs. horizontal vs. peripheral vs. root)
 - Type of fixation (suture vs. bone tunnel)
 - Tissue quality
 - Associated procedures (ACL reconstruction, others)
- For conservative protocol, tears will typically be:
 - Larger size (bucket handle)
 - Radial, root or horizontal tears
 - Distraction and shear forces can compromise healing
 - Poorer quality tissue (chronic tears, re-repairs)
 - Less favorable patient (smoker, diabetic, older age)
- Phase I – Immediate Post Surgical Phase (Week 0-2)
 - Goals:
 - Maintain integrity of repair
 - Gradually increase PROM
 - Decrease pain and inflammation
 - Prevent muscular inhibition
 - Cryotherapy for pain/inflammation
 - Ice 15-20 minutes every hour
 - Sleeping
 - Sleep in brace/knee immobilizer
 - Weight Bearing/Brace
 - TTWB in hinged brace
 - Brace locked in extension for ambulation
 - Use crutches
 - May unlock brace when not ambulating
 - ROM
 - 0-60 degrees with therapy
 - Okay to remove brace for PT

- Muscle Retraining
 - Quadriceps isometrics, SLR
- Phase II – Protection Phase (Week 2-6)
 - Goals
 - Allow healing of soft tissue
 - Do not overstress healing tissue
 - Gradually increase ROM
 - Progression based on swelling/inflammation
 - Decrease pain and inflammation
 - Week 2-4
 - Continue use of ice as needed
 - Progress ROM to 0-90 degrees in therapy
 - Weight bearing
 - Continue TTWB with crutches
 - Week 4-6
 - May use heat prior to exercises
 - Progress ROM to 0-120 degrees in therapy
 - Muscle retraining
 - Weight bearing
 - Continue TTWB with crutches
 - Proprioception training
 - Brace
 - Continue until 6 week post op visit to Dr. Hess
 - Typically discontinued after 6 weeks
- Phase III – Intermediate Phase (Week 6-12)
 - Goals
 - Full ROM (Goal week 8)
 - Eliminate swelling
 - Functional exercise movements
 - Criteria to progress to Phase III
 - Minimal inflammation/pain
 - ROM at least 0-90 degrees
 - Strong quadriceps contraction

- Weight bearing
 - Begin gradual return to WB at week 6
 - Increase gradually over 10-14 days to WBAT
 - Start with 25% WB on 2 crutches
 - Gradually progress over 2-3 days to 50% WB on 2 crutches
 - Gradually progress over 2-3 days to 75% WB on 2 crutches
 - Gradually progress over 2-3 days to 100% WB on 2 crutches
 - Gradually progress to 1 crutch (arm opposite surgical leg)
 - Gradually progress off crutches entirely
 - Wean off crutches after full WB without pain/swelling
 - Quadriceps strengthening
 - Continue above exercises
 - May begin stationary bicycle as appropriate
 - May begin pool program
 - Coordination/Proprioception exercises
 - Plyometrics (week 8-10 as appropriate)
- Phase IV – Strengthening Phase (Week 12-16)
 - Goals
 - Maintain full ROM
 - Improve limb strength and endurance
 - Gradual return to functional activities
 - Criteria to progress to Phase IV
 - Full, non-painful ROM
 - Absence of swelling/inflammation
 - Knee extension strength 80% of contralateral knee
 - Continue above exercises
 - Progress to functional drills as tolerated
 - Begin sport specific drills as appropriate
 - Phase V – Return to Activity Phase (Week 16-20)
 - Goals
 - Gradual return to strenuous work activities
 - Gradual return to recreational sports activities
 - Criteria to progress to Phase V
 - Appropriate strength level/Clinical exam