



Meniscus Repair  
Intermediate

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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 intermediate protocol, tears will typically be:
  - Moderate size
  - Some radial, root or horizontal tears
    - Distraction and shear forces can compromise healing
  - Moderate quality tissue
  - Less favorable patient (smoker, diabetic, older age)
- Phase I – Immediate Post Surgical Phase (Week 0-4)
  - 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 first 2 weeks post op
  - Weight Bearing/Brace
    - TTWB in hinged brace
    - Brace locked in extension for ambulation
    - May unlock brace when not ambulating
    - Use crutches
  - ROM
    - 0-90 degrees with therapy (Okay to remove brace for PT)
  - Muscle Retraining
    - Quadriceps isometrics, SLR

- Phase II – Protection Phase (Week 4-6)

- Goals
  - Allow healing of soft tissue
  - Do not overstress healing tissue
  - Gradually increase ROM
    - Progression based on swelling/inflammation
  - Decrease pain and inflammation
- Week 4-6
  - Continue use of ice as needed
  - May use heat prior to exercises
  - Progress ROM as tolerated, no restrictions
  - Muscle retraining
  - Weight bearing
    - Begin gradual return to WB at week 4
    - 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
  - 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 6-8)
  - 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
  - Continue WBAT
- 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 Phave V
    - Appropriate strength level/Clinical exam