

## Knee Arthroscopy with Meniscus Repair

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The surgeon must specify on the referral any specific requests or deviations that fall outside the scope of this protocol, including if *deceleration* of these time frames is desired.

Phase I	Phase II	Phase III	Phase IV
(Weeks 0 – 6)	(Weeks 6 – 8)	(Weeks 8 – 12)	(Weeks 12 – 16)
<ul> <li>PRECAUTIONS</li> <li>WEIGHT BEARING as tolerated with brace locked in extension</li> <li>No knee flex &gt; 90° passively</li> </ul>	<ul> <li>PRECAUTIONS</li> <li>No PROM restrictions</li> <li>Wean from brace after 8 weeks or per surgeon instruction</li> <li>No knee flexion &gt; 90° in weight bearing</li> </ul>	<ul> <li>PRECAUTIONS</li> <li>Watch for patellofemoral pain</li> <li>No knee flexion &gt; 110° in weight bearing</li> <li>No running or cutting</li> </ul>	PRECAUTIONS <ul> <li>No jumping, cutting, or sprinting until cleared</li> <li>Full closed chain ROM</li> </ul> CLINICAL CARE
*Defer to surgeon operative report on ROM restriction and weight bearing status	*Defer to surgeon preference on ROM restriction and weight bearing status CLINICAL CARE	<ul> <li>No running of cutting activities</li> <li>CLINICAL CARE</li> <li>Blood Flow Restriction Training</li> </ul>	Blood Flow Restriction Training for atrophy if needed     EXERCISES
CLINICAL CARE <ul> <li>Swelling/Wound management</li> <li>Patellar mobs</li> <li>NMES</li> </ul>	<ul> <li>Switch from TROM to unloader brace after 8 weeks (if prescribed)</li> <li>Swelling management</li> <li>Patellar mobs</li> <li>NMES</li> </ul>	<ul> <li>Manual Therapy PRN</li> <li>Eccentric Training (CKC)</li> <li>EXERCISES</li> </ul>	<ul><li>12-16 weeks</li><li>Lunges</li><li>High level hamstring loading</li></ul>
<ul> <li>ROM as tolerated (&lt;90°)</li> <li>Gait Training</li> <li>EXERCISES</li> </ul>	<ul> <li>Manual knee flexion/extension stretching</li> <li>Light scar mobilization when wound closed</li> <li>Blood Flow Restriction Training</li> </ul>	<ul> <li>Advance CKC strengthening single leg without dynamic valgus</li> <li>Leg press</li> </ul>	EXERCISES 16-20 weeks • Running: initiate walk-jog program • Jumping: double leg
<ul> <li>AAROM knee flexion with over-pressure</li> <li>Passive extension stretching</li> <li>Patellar mobs</li> <li>Ankle pumps</li> </ul>	EXERCISES • Begin CKC knee & hip strengthening 0-90 degrees only • Progress proprioceptive activities • Calf raises	<ul> <li>(double/single)</li> <li>Step downs</li> <li>Forward and Lateral Step ups</li> <li>CRITERIA to advance</li> </ul>	<ul> <li>Progress to single leg</li> <li>High level strengthening: single leg on unstable surfaces without dynamic valgus</li> </ul>
<ul> <li>Quad sets</li> <li>Multiplanar SLR</li> <li>TKE with band</li> <li>NMES is strongly recommended to improve quad strength</li> </ul>	<ul> <li>Wall slides and steps ups within ROM 0-90°</li> <li>6 weeks: Slowly add hamstring strengthening <ul> <li>Hamstring bridge</li> </ul> </li> <li>Continue NMES</li> <li>Bike as tolerated</li> </ul>	<ul> <li>Negotiate stairs normally</li> <li>Restore limb confidence</li> <li>Full ROM</li> <li>Full extension</li> </ul>	<ul> <li>Agility drills/plyometrics without dynamic valgus</li> <li>Sports specific activities</li> <li>&gt;90% of limb symmetry on Functional Testing</li> </ul>
<ul> <li>CRITERIA to advance</li> <li>6 weeks postoperative</li> <li>Wean from brace after 8 weeks or per surgeon instruction</li> <li>SLR x 10 without lag</li> <li>Single leg stance without UE support</li> <li>ROM <ul> <li>Extension: 0°</li> <li>Flexion: 90°</li> </ul> </li> </ul>	<ul> <li>Pool Therapy if no wound concerns</li> <li>CRITERIA to advance</li> <li>Normal gait mechanics</li> <li>Single leg stance control without UE support</li> <li>Effusion managed</li> <li>ROM</li> <li>Flexion: &gt;120°</li> </ul>		<ul> <li>24+ weeks</li> <li>Cutting/sport specific activities if cleared</li> <li>CRITERIA to advance</li> <li>Return to sport or heavy work cleared by MD</li> <li>&gt;90% of limb symmetry on Functional Testing</li> <li>Within 1 cm quad girth difference side to side</li> </ul>

Revised 9/2020