



The Orthopaedic & Fracture Clinic

Meniscus Root Repair

Post-Operative Protocol

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Phase I – Maximum Protection Phase (Weeks 0 to 6):

- Hinged knee brace to be worn, locked in extension, for 6 weeks.
- Patient will be nonweightbearing with axillary crutches for 6 weeks.
- Range of motion:
 - 0 degrees of knee extension.
 - Flexion limited to 90 degrees until 6 weeks postop.
- During the first 6 weeks it is okay to unlock the knee brace while sitting or at physical therapy, but should not flex knee > 90 degrees until 6 weeks postop.
- Goals:
 1. Reduce pain/inflammation.
 2. Normalize patellar mobility with manual mobilization.
 3. Gain full extension.
 4. 90 degrees knee flexion x 6 weeks.
- Exercise progression:
 1. Passive/active knee range of motion with 90 degrees flexion limit.
 2. Four-way SLR.
 3. Quadriceps setting/control exercises. E stim/BFR/biofeedback as indicated.
 4. Open chain multiplane hip exercises.

Phase II – Early strengthening and progressive stretching (Weeks 6 to 8):

- Exercise progression:
 1. Open brace 0 to 90 degrees for 2 weeks while ambulating.
 2. Full knee extension.

3. Gradual progression to full knee flexion.
4. Maintain patellar mobility.
5. Begin closed chain strengthening bilaterally, limited ROM initially.
6. Step up progression.
7. Stationary biking.
8. Gait training working on return to normal gait.

Phase III – Advanced strengthening and proprioception phase (Weeks 8 to 12):

- Exercise progression:
 1. Full active knee ROM.
 2. Begin full weight room routine.
 3. Advance stationary biking program, introduce treadmill walking and elliptical trainer.
 4. Advanced closed chain exercises to unilateral program.

Phase IV – Advanced strengthening and power development drills (12 to 16 weeks):

- Exercise progression:
 1. Begin straight line running program.
 2. Progress to lateral and rotational stresses at 14 weeks.
 3. Begin multidirectional drills at 14 to 16 weeks.
 4. Plyometric drills from bilateral to unilateral.
 5. Sport-specific functional testing, isokinetic strength examination and reports to physician prior to return to play.