

Meniscus Repair Protocol

Mr Gilbert and Mr Coupe Sports Knee Clinic, Wrightington Hospital

PHASE 1 – Week 1-2

Week	Exercise	Goals
1-2	ROM	Control pain and inflammation - ice
	0°-90° ROM exs Patellar mobs Ankle pumps Gastroc/soleus stretch Hamstring/ITB stretch Prone hangs/heel props STRENGTH Static Qs SLRs Hip strengthening	Adequate quad/VMO contraction Independent HEP PWB ROM 0° - 90°
	WEIGHT BEARING	
	PWB	

PHASE 2 – Weeks 2-6

Week	Exercise	Goals
2-6	ROM	Control pain and
		inflammation – ice
	ROM exs 0°- 90°	
	Patellar mobs	Adequate quad/VMO
	Gastroc/soleus stretch Hamstring/ITB stretch	contraction
	Prone hangs/heel props as needed	Independent HEP
	Heel/wall slides to reach	PWB
	goal	DOM 00 000
		ROM 0°- 90°
	STRENGTH	
	Static Qs SLR with ankle weights VMO Knee extension 90° - 30°	
	WEIGHT BEARING	



DIAID	
DW/B	
I VVD	

PHASE 3 - Weeks 6-12

Week	Exercise	Goals
6-12	ROM	Control pain and inflammation
	Full ROM exs	
	Gastroc/soleus stretch Hamstring/quad/ITB	FWB
	stretch	Increase lower extremity
	Prone hangs/heel props as needed	strength and endurance
	Patellar mobs if required	Enhance proprioception, balance and co-ordination
	STRENGTH	balance and co-ordination
		Complete readiness for
	Exs bike/cross trainer/rower	sport specific activity
	Wall squats/mini squats Knee extension (90°-30°)	Recover full ROM
	Hamstring Curls `	
	Leg press Step ups	
	Heel raises/toe raises	
	Lunges	
	BALANCE TRAINING	
	BALANCE INAMINO	
	Single leg balance Wobble board/cushion	
	Bosu	
	WEIGHT BEARING	
	FWB	

PHASE 4- Weeks 12-36

Week	Exercise	Goal
12-36	ROM	Enhance neuromuscular control
	Continue stretches	
		Progress skill training
	STRENGTH	
	Continue and progress strengthening (allow full squats) Swimming	Perform controlled sport specific activity and progress to unrestricted sporting activity
	RUNNING PROGRAMME	Achieve maximal strength



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Treadmill running Progress to outdoor running	and endurance
CUTTING PROGRAMME	
Lateral shuffle Figure 8s Cariocas	
FUNCTIONAL TRAINING	
Initiate light plyometrics and progress as able Sport specific drills	

<u>Return to Driving</u> – patient must be fully weight-bearing and have the ability and control to perform an emergency stop

<u>Return to Sport</u> – to safely and most efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility and endurance. Return to intense activities such as impact loading, jogging, deep knee flexion, or pivoting and shifting early post-operatively may increase the overall chance of a repeat meniscal tear. No deep squats until at least 12 weeks.

Dependent upon the location and size of the repair, weight bearing status post-operatively as well as the intensity and time frame of functional activities may vary. The protocol is divided into phases. Each phase is adaptable based on the individual patient.