

Rehabilitation Protocol: All-Inside Meniscus Repair

Phase I:

0-2 weeks

- Brace: Locked at O degrees extension for ambulation & sleeping
- ROM: 0-90 deg permitted when not weightbearing with emphasis on full extension
- Weightbearing: PWB with crutches brace must be locked in extension during ambulation/mobilization
- Exercises:
 - Patella mobilization
 - Straight leg raise supine with brace locked at 0 degrees
 - Quad sets
 - Ankle pumps
 - Heel slides to 90 deg

Phase II:

2-6 weeks

- Brace: Brace may be unlocked for weightbearing, 0-90 deg maximum. Locked at 0 deg for sleeping.
- ROM: 0-90 deg permitted when weightbearing; when not weightbearing can progress from 0-120 deg
- Weightbearing: progress gradually to WBAT in extension with brace, then may bear weight with unlocked brace (0-90) once quad control adequate (usually \sim 4 wks); no weightbearing with flexion >90 deg
- Exercises:
 - Heel raises
 - Closed chain exercises
 - Terminal knee extensions
 - No loading with knee in flexion
 - Avoid tibial rotation until 8 weeks to protect meniscus

Phase III:

6-12 weeks

- Brace: D/C brace when quad strength adequate
- ROM: gradually progress to full
- Weightbearing: WBAT
- Exercises:
 - Progress closed chain activities
 - Begin hamstring work
 - Lunges/leg press 0-90 deg
 - Proprioception exercises
 - Balance/core/hip/glutes
 - Begin stationary bike when able
 - Avoid tibial rotation until 8 weeks to protect meniscus

Phase IV:

12-16 weeks

- Brace: none
- ROM: full
- Weightbearing: WBAT
- Exercises:
 - Progress phase III exercises and functional activities

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- Single leg balance, core, glutes, eccentric hamstrings, elliptical, and bike
- Swimming permitted at 12 weeks

Phase V: 16+ weeks

- Brace: none

- ROM: full

- Weightbearing: WBAT

- Exercises:

- Sport-specific drills and running/jumping after cleared by MD

- Return to sport-- MD directed, typically 5 months depending on sport

*May require functional sports assessment prior to clearance to return to sport **Weightbearing status may vary depending on nature of meniscal repair**

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