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Official Health Care Provider of the Louisville Cardinals

Procedure: Meniscus Repair

Description of Procedure: Meniscus repair is performed with either all-inside (Al) or inside-out (IO) techniques.

PT Frequency: Begin 1-3 days postop, 3-4x wkly, 0-3 mo, physician/therapist discretion afterwards. Home exercises daily.

	Weight Bearing	Brace	ROM	Therapeutic Exercises
Phase I: 0-4 wks	Toe touch weight bearing (TTWB) with use of two crutches. Keep brace locked in extension for ambulation.	Brace is worn when ambulating and sleeping. Remove for therapy and hygiene. Dressing: PT may perform dressing change as needed. Leave steri-strips in place. Ok to shower with or without dressing. No tub bathing/ soaking until wound fully healed.	0-2 wks: 0-60°. 2-4 wks: 0-90°. **Emphasize importance of full extension wks 0-2. **Healing is dependent on the vascularity of the tear site and stability of the repair construct. Meniscal motion is greatest past 60 degrees. Twisting should be avoided.	Heel slides, quad sets, SLR, short arc quad, co-contractions, isometric ab/adduction, patellar mobilization, ankle strength, avoid knee rotational exercises. Modalities as indicated.
Phase II: 4-12 wks	Wean from crutches to WBAT with a normalized gait pattern	4-6 wks: Unlocked 6-12 wks: None	Full	 4-6 wks: Initiate BFR. Partial wall sits, no greater than 90°, TKE 6-12 wks: Progress closed-chain exercise, begin hamstring work, lunges 0-90°, proprioception exercises, leg press 0 to 90°, begin stationary bike

	Weight Bearing	Brace	ROM	Therapeutic Exercises
Phase III: 12 wks onward	WBAT	None	Full	Progress phase II exercises, focus on single leg strength, running, jogging, plyometrics, sport specific drills.

Typical follow up frequency is 2 wks with mid-level then with Dr. Richards at 4-6 wks, 3 mo, 6-8 mo for RTP discussion, 1 yr, 2 yr, and 5 yr. Long term follow up is kindly requested for data collection. Frequency is subject to change pending patient progress. Progression back to sport is dependent on case-by-case basis and determined by Dr. Richards. If significant pain or swelling occurs, patient is expected to stop causative activity and follow up with our office. On call providers are always available.