

Meniscus Repair

Setting

Physiotherapy

Staff

Musculoskeletal Physiotherapists

Patients

Meniscus Repair

PROTOCOL

This protocol is a general guide to the rehabilitation after a meniscal repair. Rehabilitation after a meniscectomy (cutting out meniscus) is different. The time scales are an approximate guide and may be altered depending on various factors such as pain, swelling and muscle control. Pain along the repair site is relatively common for up to 4 months postoperatively and should not prevent participation in rehabilitation. The patient's management should be tailored to meet individual objectives.

Rehabilitation aims to protect the repair in the early stages and to maximise the range of motion, strength and function.

Please check the post-operative note for any variation in management.

PREPARATION FOR SURGERY

- Build muscle strength. It will be easier to bounce back after surgery
 - Ensure a full range of motion. Preoperative stiffness leads to post-operative stiffness
 - Prepare your home. Stairs can be difficult in the first few days. Do you have a downstairs bed and bathroom?
 - Social-supportive friends and family are very helpful
 - Work preparation. Does your workplace know you are having surgery? Have you considered sedentary work whilst undergoing rehabilitation?
 - Stop smoking and restrict alcohol intake
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WEEKS 1-2

Aims

- Control pain and inflammation with ice
- Adequate quad/VMO contraction
- Independent PWB
- ROM 0°-90°
- Wound check at 2/52

POST-OPERATIVE

Partial weight-bearing

- ROM 0°-90°
- Patellar mobs
- Ankle pumps
- Gastroc/soleus stretch
- Hamstring/ITB stretch
- Prone hangs/heel props

Strength maintenance with

- Static quads
- Straight leg raises
- Hip strengthening



WEEKS 2–6

Aims

- Control pain and inflammation with ice
- Adequate quad/VMO contraction
- Independent PWB
- ROM 0°–90°

POST-OPERATIVE

Partial weight-bearing

- ROM 0°–90°
- Patellar mobs
- Gastroc/soleus stretch
- Hamstring/ITB stretch
- Prone hangs/heel props as needed
- Heel/wall slides to reach goal

Strength maintenance with

- Static Quads
- SLR with ankle weights VMO

WEEKS 6–12

Aims

- Control pain and inflammation
- FWB
- Increase strength and endurance
- Enhance proprioception, balance and coordination
- Complete readiness for sport-specific activity

POST-OPERATIVE

Full weight-bearing

- ROM 0°–90°
- Patellar mobs
- Gastroc/soleus stretch
- Hamstring/ITB stretch
- Prone hangs/heel props as needed
- Heel/wall slides to reach goal

Strength maintenance with

- Exercises bike, cross trainer, rower
- Wall squats/mini squats to 90°
- Hamstring curls
- Leg press
- Heel raises/toe raises

Proprioception and balance

- Single leg balance wobble board

WEEKS 12+

Aims

- Neuromuscular control
- Sport-specific activity
- Maximum strength
- Aim for unrestricted sporting activity if strength and control are satisfactory and at 24 weeks

POST-OPERATIVE

Full ROM

- Strength and conditioning at physiotherapist's discretion
- Continue and progress strengthening
- Allow loaded squats to 90° degrees
- Return to running and full swimming
- Sport-specific

FUNCTIONAL MILESTONES

Activity

- Sedentary work
- Driving
- Active job/on feet all-day
- Manual work
- Very heavy manual job/ladders etc

Timescales

- 4–6 weeks as tolerated
 - 6–8 weeks, once good muscle control can control car
 - 2–3 months
 - 12 weeks/liaise with consultant
 - 3 months+
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REFER BACK TO THE CLINIC

- Signs of infection
- Thrombosis
- Dislocation
- Persistent stiffness > 8/52

Seen in the clinic at approximately

2/52, 12/52

