

DMC Sports Medicine



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Meniscus Root Repair – Rehab Protocol

- Weightbearing: 4 weeks TTWB TROM brace locked, 2 weeks PWB brace locked, then WBAT brace locked for 2 weeks. Transition to unloader brace at week 8 WBAT for 6 weeks.
- No resisted knee extension (isotonic or isokinetic)
- Knee flexion PROM to pain tolerance (not stretching)

PHASES & TIME LINES	REHABILITATION GUIDELINES	GOALS
<p style="text-align: center;">Phase I 0 – 4 Weeks</p>	<ul style="list-style-type: none"> • ROM goal: 90° by four weeks postop • Patellar mobilizations • Modalities: Electrical stimulation/muscle re-education, Pain/edema mgmt (cryotherapy) • Strengthening: quad/hamstring/glute isometrics, straight leg raises in all directions, active knee extension • Avoid closed chain: • 4-Way hip strengthening • UBE 	<ul style="list-style-type: none"> • Pain control • Protection of repair • 90 degrees of knee flexion
<p style="text-align: center;">Phase II 4 – 6 Weeks</p>	<ul style="list-style-type: none"> • ROM: obtain full extension, flexion up to 120 degrees • Modalities: Electrical stimulation/muscle re-education, Pain/edema mgmt (cryotherapy) • Patellar mobilizations • Strengthening: straight leg raises with weight, active knee extension with ankle weights (avoid machine), knee flexion • 4-Way hip strengthening with weight • Stationary Bike for ROM (no resistance until FWB), UBE • Aquatic therapy at 6 weeks once incisions are healed • Core stabilization 	<ul style="list-style-type: none"> • ROM: 0-120 • Quadriceps control obtained
<p style="text-align: center;">Phase III 6 - 8 Weeks</p>	<ul style="list-style-type: none"> • ROM: obtain full ROM passive and active • Modalities: Electrical stimulation/muscle re-education, pain/edema mgmt. • Scar massage • Strengthening: progressive resisted exercises, continue closed and open chain exercises avoiding knee extension machine • Closed Chain: gait retraining, toes raises, wall sits, squats, step ups • 4 – Way hip strengthening with weight • Stationary bike, UBE, treadmill walking, Elliptical may begin at week 6 • Balance/Proprioceptive Training • D/c TROM brace and transition to unloader brace week 8 (surgeon discretion) 	<ul style="list-style-type: none"> • Normalization of gait • Full passive and active ROM

<p>Phase IV 9 – 12 Weeks</p>	<ul style="list-style-type: none"> • Strengthening: progressive resisted exercises, continue closed chain exercises and begin open chain exercises avoiding knee extension machine • Stationary bike, elliptical trainer, stair stepper • Aquatic therapy • May begin straight line running at week 12 • D/c unloader brace at week 12 (surgeon discretion) 	<ul style="list-style-type: none"> • Build Conditioning • Increase strength and endurance
<p>Phase V Week 13 and Beyond</p>	<ul style="list-style-type: none"> • Continue running program and progress slowly to sprinting • Begin supervised pivoting/twisting/cutting and a jump/plyometric training program in week 14 • Strengthening: continue progressive resisted exercises with no restrictions avoid knee extensions • Stationary bike, elliptical trainer, stair stepper • Aquatic therapy • Return to sport goal is between months 4-6 	<ul style="list-style-type: none"> • Strength $\geq 90\%$ of contralateral knee • Return to pain-free sport specific training