

**Meniscus Longitudinal Tear Repair Protocol
Postoperative Rehabilitation Protocol
Dr. Jeffrey Witty, M.D.**

Notes:

- If done with concomitant ACL, this meniscus protocol takes precedence (weightbearing, motion, exercises) over the corresponding ACL protocol for the respective postop timeline
- See any additional noted from MD regarding additional precautions etc.
- Avoid any tibial rotation during exercise
- **NO WEIGHTBEARING with flexion > 90 degrees for 6 weeks.**

Modalities:

- Ice, compression, thigh high compression sleeve, and other swelling reduction ok to start immediately and done at least 3 – 5 times daily for about 30 minutes. Keep surgical site
- Thigh high compression sleeve at least 6 weeks postop

| | Weightbearing | Brace | ROM | Exercise |
|--------------------------------|---|---|--|---|
| Phase I Week 0 - 2 | Foot flat weight bearing < 25% weight with leg in full extension. No weight through knee at any flexion angle. | Locked in full extension for sleeping, ambulation Ok to remove for ROM while avoiding varus/valgus stress and tibial rotation. | <u>WITHOUT ACL</u> PROM/AAROM/AROM: 0 – 90 <u>WITH ACL</u> PROM: 0 - 90 AAROM/AROM: 30 - 90 Avoid hyperextension for first 4 weeks | Maintain full knee extension. Straight leg raises Quad sets If anterior skin incision only patella mobs medial to lateral with suprapatellar pouch massage. If no anterior skin incision, ok to include superior/inferior mobilization as well. Ankle pumps NO WEIGHTBEARING with flexion > 90 degrees. |
| Phase II Week 2 - 4 | Foot flat weight bearing < 50% body weight | Locked in full extension for sleeping, | <u>WITHOUT ACL</u> PROM/AAROM/AROM: 0 – 90 | Continue Phase I NO WEIGHTBEARING with flexion > 90 |

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| | No weight through knee at any flexion angle. | ambulation Ok to remove for ROM while avoiding varus/valgus stress and tibial rotation. Ok to remove for ROM while avoiding varus/valgus stress. | <u>WITH ACL</u> PROM: 0 - 90 AAROM/AROM: 30 - 90 Avoid hyperextension for first 4 weeks | degrees. |
| Phase III Week 4 - 6 | Start to progress to WBAT over next 2 weeks as pain, swelling, and gait retraining allows. No weight through knee at any flexion angle. | Can start to wean out of brace | Progress to full ROM | Continue Phase I Start toe raise, wall sits to fatigue, minisquats NO WEIGHTBEARING with flexion > 90 degrees. |

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|---|---|-------------|---------------------|--|
| <p>Phase IV Start Week 6- 12</p> | <p>WBAT</p> <p>No deep squats > 90 deg</p> <p>No pivoting on knees</p> | <p>None</p> | <p>As tolerated</p> | <p>Continue Phase III</p> <p>Start leg press (10- 90)</p> <p>Start light weight hamstring curls (light weight, high rep)</p> <p>Begin endurance closed chain exercise (stationary bike, elliptical)</p> <p>Start proprioception on BAPS (biomechanical ankle platform system)</p> <p>Stair climber</p> |
| <p>Phase V Week 12 - 16</p> | <p>WBAT</p> | <p>None</p> | <p>As tolerated</p> | <p>Continue Phase IV, progress strengthening with as tolerated without loading the knee in > 90 degree flexion.</p> |
| <p>Phase VI Week 16 - 24</p> | <p>WBAT</p> | <p>None</p> | <p>As tolerated</p> | <p>Continue Phase V, progress strengthening as tolerated. Ok to start weight at all angles of knee motion.</p> <p>Begin light jogging on even surface. (may progress more quickly to phase VII if cleared by MD)</p> |

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| | | | | depending on tear pattern) |
| Phase VII Week 24 and beyond | WBAT | None | As tolerated | Continue Phase VI. Progress from jogging to running and sprinting. Progress to cutting drills once able to run in straight line at full speed. Begin plyometrics |
| Return to Sport Phase | WBAT | None | As tolerated | Continue Phase VII. If no ACL: Gradual return to sports once cleared by MD If ACL: Progress with ACL protocol |

Protocol adapted from:
 Brelin et al Clin Sport Med 2016
 Alvarez – Diaz et al Knee Surg Sports Traumatol Arthrosc 2016
 Operative Techniques in Knee Surgery 2017
 Noyes Knee Disorders, Surgery, Rehabilitation, Clinical Outcomes, 2016