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## **Isolated Meniscus Repair**

### **GAIT:**

PWB (50%) with brace locked in extension for 3-4 weeks (or per script). Concern is flexion in WB.

***Criteria to D/C crutches:*** Once WB restrictions are lifted: Pain under control.

***Criteria to D/C brace:*** Good quad control

### **ROM:**

2-4 weeks: flexion < 90 degrees (depends on stability of repair)

> 6 weeks: WB or NWB flexion > 90 degrees

### **MODALITIES:**

IFC/ice/elevation as need for pain/effusion control

FES to quads to facilitate good quad contraction as needed

### **REHAB EXERCISES:**

Rehab as tolerated, with respect to concomitant surgeries.

### **Phase I – ROM: 0-2 weeks**

#### **Start PT POD 5-7**

Goal is full extension by POD 5, quad activation.

#### **Rehab Exercise Suggestions**

AROM knee flexion (< 90 degrees), goal is full extension by POD #3-5.

Patellar mobs: Initiate at POD #2-3, focus on superior glide, especially if lacking Extension. Goal = 10 mm superior glide by POD #5-6.

Isometric quads (multi-angle > 50 degrees to 0 degrees)

E-Stim to quads to facilitate good contraction (in shortened range).

Isometric hip adduction

SLR x 4, quad/glut/ham sets, A/P's

Soft tissue techniques to infrapatellar space.

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Criteria to Progress: AROM 0 – 90 degrees  
Quad activation

**Phase II - 2-8 weeks**

Dr. Anderson: POW 2-6

Begin at 2 weeks with brace unlocked for rehab (< 90 degrees flexion)

**\*\* MUST CONSIDER ROM GUIDELINES WHEN PERFORMING ALL EXERCISES**

Closed chain exercises: Initiate once patient is WBAT

- Weight-shifts (L/R, F/B, diagonals)
- SLB (eyes open/closed, head/arm movement)
- Progress to SL balance – reach activities, no pivoting

**Phase II: Continued**

- Step-ups, step-downs 2"-4 (\* WB knee flexion must be < 90 until week 6)
- Leg press: Within available AROM and ROM guidelines
- VMO Closed Chain Wall slides (60 degree) to protect patella
- Calf jumps with respect to ROM guidelines
- NO depth jumps, jumps with knee flexion > 90 degrees (Swimex or land)

Gait activities: Forward cup walk step-overs (emphasize hip position), progress to lateral cup walk (requires core training to avoid compensation)

- Train heel strike portion of gait
- Emphasize external stimuli

AROM: Knee flexion within restrictions, extension, SLR x 4 with weights

Patellar mobs: superior glide

Initiate motion loss program at POW 2 if lacking extension:

- Include posterior glide of femur (small load, long duration)
- Hourly ROM by patient
- Prone hangs with weight
- FES
- More aggressive joint mobs (patella, femur)
- Distraction mobilization (within ROM)
- \*No posterior glides of tibia on femur*

Aerobic conditioning: Treadmill: forward, retro, progress to incline

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Stairmaster: partial closed chain: forward, retro

Criteria to Progress: Good quad control  
AROM 0 – 125 degrees  
No gait deviations

**Phase III - 8-12 weeks**

Begin WB in > 90 degrees flexion at 6 weeks

Closed Chain: Continue to progress above exercises  
Medial step-downs  
Emphasize terminal range extension  
Mini-squats  
Mini-lunges  
Leg press with respect to AROM and ROM guidelines  
SLB - to start transverse plane activities  
Functional strengthening/early sport-specific training  
Biking, swimming, progress to half-speed running  
NO full squat, full speed running, agility activities

Criteria to Progress: AROM within 10% of uninvolved extremity  
Performs forward/retro step-ups and medial step-downs with  
good quad control.

Criteria to discharge non-athlete:  
AROM within 10% of uninvolved extremity  
Forward/retro step-ups, medial step-downs with good quad  
control  
No difficulty with ADL's, work  
Independent Written, Progressive Home Exercise Program  
Strength 4+ - 5/5  
80% of single Leg Balance Reach

Criteria to discharge non-athlete: AROM within 10% uninvolved leg  
Strength 4+- 5/5, Independent HEP  
No difficulty with ADLs or work  
Independent Written, Progressive Home  
Management Program  
80% of single Leg Balance Reach

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**Phase IV – 12 Weeks and Later: Sport Specific Activities, Functional Retraining**

Continue functional rehab  
Return to sport activities  
Biodex testing needs to be 85% of pre-/uninvolved

**Criteria to Discharge Athlete:**

Strength 85% of uninvolved leg per isokinetic testing  
Single leg balance reach 85% of uninvolved leg  
Single leg hop for distance 85% of uninvolved leg

**Revised: 9/04**