



Isolated Meniscal Repair Protocol

ROSENBERG COOLEY METCALF

THE ORTHOPEDIC CLINIC AT PARK CITY

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BRACING

- 1) Lock at 20 for two weeks (complex tears may require longer periods of immobilization)
- 2) Shower without brace at 1 week post-op
- 3) Sleep without brace at 4 weeks post-op
- 4) Discontinue brace for ADL's at 4-6 weeks with adequate strength and ROM
- 5) If extension is difficult to obtain by week 6, D/C brace and emphasize heel strike in gait.

Weeks 0-2

- 1) Non weight-bearing
- 2) Brace locked at 20 degrees (complex tears may require longer periods of immobilization)
- 3) Patellar mobility
- 4) Quad set/Straight leg raise
- 5) Effusion Control

Weeks 2-4

- 1) Begin WBAT (progress in 25%-50% increments)
- 2) Brace 0 degrees extension and increase flexion stop according to strength/ROM gains
- 3) Increase flexion and extension prn
- 4) Begin PRE's, limiting knee flexion angle to less than 90 degrees. Closed chain emphasis
- 5) Begin stationary cycling with adequate flexion
- 6) Remove brace for passive ROM
- 7) Begin aquatic exercises such as deep water jogging and resistance walking where available.

Week 4-6

- 1) D/C brace as strength and ROM allow
- 2) Full range of motion
- 3) Avoid deep squat (>90 degrees) for 4 to 6 months
- 4) Avoid cutting/pivoting for 4 to 6 months

Months 4-6

- 1) Return to regular activity per M.D.

