

FOX VALLEY ORTHOPEDICS

MENISCAL REPAIR

(REGULAR PROTOCOL)

Use for <u>all</u> Ketterling, Mehta and Sostak repairs

Start within 1 week post op

For Dr. Petsche's root/high risk repairs, use his conservative protocol

PHASE 1

week 1-4

Goals: pain management, edema reduction, minimize quad atrophy, repair protection

- WBAT w/ brace locked in extension x 6 wks PROM, AAROM, AROM
 *emphasize full extension prone hangs flexion as tolerated, NWB only
- strengthening quad sets SLR
- stretching

hamstring/ITB gastroc/soleus

- manual techniques mobilization scar mobility
- modalities

PHASE 2 week 4-8

Goals: full ROM, normal gait, strength progression, continued repair protection, ACL reconstruction protection due to tendon revascularization

- FWB with brace unlocked at 6 weeks and may begin d/c at 6wks once adequate quad control
- PROM, AROM, RROM
- strengthening stationary bike no resistance, progressing to low resistance

step up/down progression

- stretching
- neuromuscular re-education balance board bilateral LEs SLS
- manual techniques
- modalities

Continued

MENISCAL REPAIR

PHASE 3

week 8-12

Goals: strength and proprioception progression

• strengthening

total gym squat progression (limit to \leq 90 degrees) step up/down progression to higher steps

• neuromuscular re-education

balance board unilateral LE

• manual techniques

PHASE 4

week 12-16

Goals: strength and proprioception progression

• strengthening and neuromuscular re-education

wall/chair squats
single leg total gym

lunges

stairmaster/versaclimber

month 4

Goals: strength progression, sport training

• strengthening

light plyometrics/ladder
bilateral jumping
jogging/running progression

month 5

Goals: strength progression, sport training

• strengthening

moderate plyometrics with progression to advanced levels
unilateral jumping
light sport practice

month 6 and later

Goals: strength progression, return to sports

• strengthening

cutting and pivot activities return to sports as tolerated