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Arthroscopic Meniscal Repair: Post-Operative Rehabilitation

Repair of the meniscus (medial and/or lateral) requires time to let the meniscus heal. However, this needs to be tempered by the need to maintain/regain range of motion and avoid quadriceps and hamstring atrophy. **The meniscal repair is stressed most by weightbearing in a hyperflexed position** (eg. squatting). I use a variety of methods to repair the meniscus, including traditional inside-out suture repair and newer bioabsorbable all-arthroscopic devices (eg. meniscal screw/arrow/dart); a combination may also be used (if you would like to see an example of these, please see our website). There is typically no difference in rehabilitation, however, between these methods.

GOALS

- 1) Manage inflammation (Cryo-Cuff, NSAIDs, etc.)
- 2) Controlled gains in range-of-motion
- 3) Early maintenance of strength
- 4) Immediate weightbearing in full extension
- 5) Brace — Extension Lock Brace (ELS)

0 — 4 WEEKS

ROM	0° - 90° non-weightbearing, patellar slides
Weightbearing	WBAT in full extension (brace locked)
Strength	controlled quad exercises, SLR, quad contraction (isometric), patellar mobilization, hip extension and flexion, calf raises, quad electrical stimulation prn
Brace	locked in extension with weightbearing

4 — 6 WEEKS

ROM	advance to normal ROM, no flexion loading beyond 90° flexion
Weightbearing	begin normal gait training, initially unlock brace and FROM brace over the next 2 weeks
Strength	<u>quads</u> — mini squats closed chain exercises <u>hamstrings</u> — start hamstring curls, hip extension and flexion, calf exercises

Brace unlock initially and allow weightbearing - progress to FROM

> 6 WEEKS

ROM	achieve normal ROM
Weightbearing	WBAT without brace
Strength	continue 4-6 weeks protocol ** watch flexion loads beyond 90° of flexion (stresses the repair)
Brace	endurance biking/treadmill/Nordic Track, proprioceptive training no longer needed

Begin home program.

4 MONTHS

May resume athletic activities. Plyometric training.

6 MONTHS

Allow hyperflexion and squatting.