

Alta View Sports Medicine



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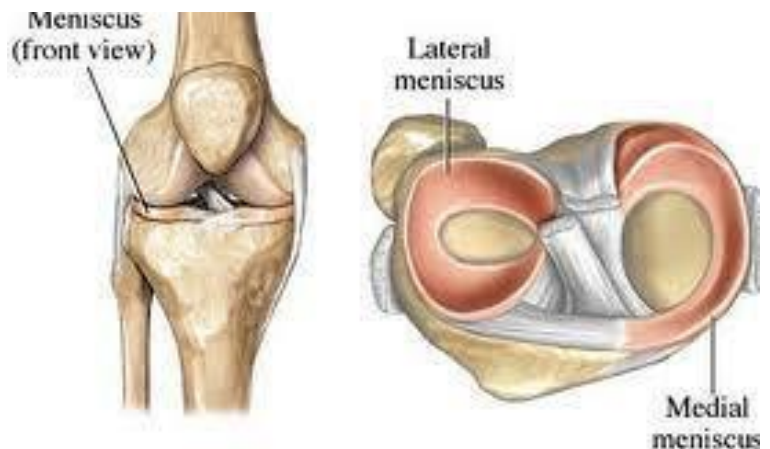
# Meniscal Repair

## What to Expect

A meniscal tear can be treated conservatively, with a partial meniscectomy, or may be repaired. The indications for a meniscal repair procedure are narrow and include an acute injury with a tear pattern involving the more vascular zone of the meniscus at the periphery in a knee without any evidence of articular cartilage wear or arthritis. More degenerative meniscal tears that tend to occur over time are not repairable.

During surgery, a full evaluation of the entire knee, including the articular cartilage and ligaments, is performed. The meniscus may be repaired using a mini-open incision on the side of the knee or using various instruments to pass sutures in an all-inside technique. There is variability in the recovery time from the procedure from a few weeks to a few months.

Return to full activity and sports is delayed to allow time for the meniscus to heal. Your rehabilitation starts immediately after surgery in order to ensure the best possible return to full activity.



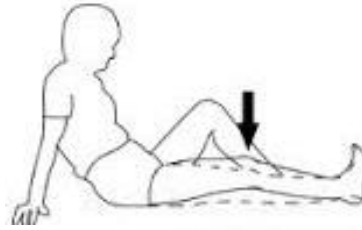
## Phase 1 (0 – 2 weeks postop)

Goals: Control pain, diminish swelling, Begin regaining knee motion 0-90°, Restore normal gait pattern, Protect the meniscal repair

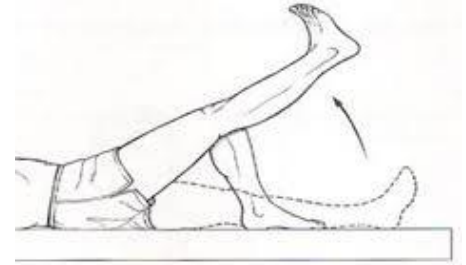
- Pain: You will be prescribed pain medication to use after surgery. Use as directed and wean use to as needed. You may begin taking an anti-inflammatory medication (i.e. ibuprofen, naproxen) unless medically contraindicated. Do not drive or use alcohol while taking narcotic pain medication.
- Brace: You will be placed in a knee brace after surgery with your knee locked in extension. You may unlock the brace at home with the settings 0-90° of flexion. Sleep with the brace locked in extension.
- Weight bearing: You may put 50% full weight on your leg (equal standing weight on both legs, off-load the weight on your operative leg using crutches)
  - Use crutches for the first two weeks until your follow up visit.
- Ice: Place a bag of ice or cryocuff on the knee for 30 minutes a few times each day and after therapy or home exercises.
- Dressing: Remove the ace wrap and discard all white dressings about 48 hours after surgery.
  - You may shower, but keep your knee dry until sutures are removed
  - Do not submerge knee until suture removal (no baths, pools, hot tubs)
  - Keep incisions covered with band-aids or wrap knee with ace wrap to protect incision during the day
- Schedule your postoperative visit for 10-14 days after surgery. At this visit:
  - Suture removal
  - Review of your surgery (bring your surgical photos) and rehab plan
  - Prescription for physical therapy if necessary or desired

# Exercises

- Progress activity and exercises as tolerated by your pain level.
- Perform any range of motion exercises with brace in place with the settings of 0-90° to prevent deep knee flexion
- Quad Sets (keep knee in full extension)



- Straight leg raises
  - Keep knee brace locked in extension for patella/trochlea lesions

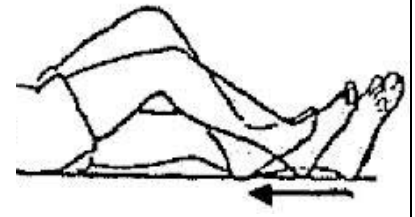
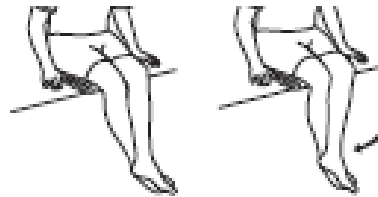
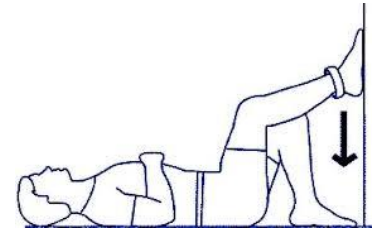


- Ankle Pumps (10 reps/hour)



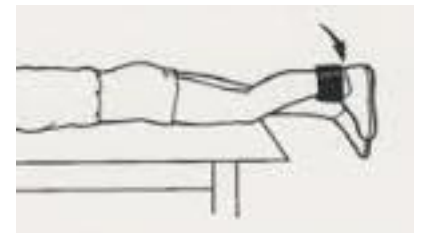
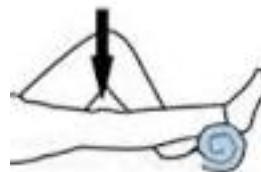
- Knee Flexion:

- Wall Slides: Lie on back with foot on wall, allow gravity and nonoperative leg to assist pushing back operative leg
- Heel Slides



- Knee Extension:

- Heel Prop
- Prone Leg Hang



- Cycling without resistance (15 min 2-3 times daily as tolerated)
  - Set the seat to allow slight knee bend

## Phase 2 (2 - 6 weeks postop)

Goals: Restore normal gait pattern, Quad/Hamstring strengthening,  
Gradual return to functional activity, Protect the meniscal repair

- Brace: Perform any range of motion exercises with brace in place with the settings of 0-90° to prevent deep knee flexion. You may remove brace when in a controlled environment, to shower, and to sleep
- Weight bearing: Begin to put full weight on your leg. Wean off crutches. Transition to one crutch used in the arm on the opposite side of surgery until able to walk with a normal heel-toe gait with minimal discomfort.
- Progress activity and exercises as tolerated by your pain level

### Exercises

- Continue exercises from Phase 1
- Standing mini squats
  - Avoid knee flexion > 90°
- Stationary Bike: progressive resistance and duration for endurance
  - Set the seat to allow a slight knee bend during the cycle
- Balance/Coordination/Proprioception Training
  - Single leg stork balance/calf raises
  - Backward walking
  - Wobble board/BOSU balance trainer
- Cardiovascular conditioning: elliptical, bike, swimming, as tolerated
  - No treadmill until 3 months

## Phase 3 (6-12 weeks postop)

Goals: Regain full range of motion, Increased leg strength and endurance, Return to functional daily activities

- Brace: You may remove the brace at 6 weeks. If you feel more stable with it you may continue to wear it. Consider using a neoprene knee sleeve during activity to help control any swelling.
- Schedule a clinic visit about 3 months from surgery date

### Exercises

- Continue exercises from Phase 1 & 2
- Resisted knee flexion/extension
  - Mini squats (avoid knee flexion > 90°)
  - Front and Lateral Lunges
  - Front and Lateral Step-Ups
- Endurance Program
  - Pool program—pool walking/running, swimming
  - Stationary Bike: increased duration and resistance
  - Stair climber machine
- Continue coordination/proprioception training

## Phase 4 (3-6 months postop)

Goals: Maintain full range of motion, Increased leg strength and endurance, Return to skill activities and full sport participation

- At this point you may feel ready to get back to sports—be cautious! Cutting and pivoting produce shearing forces on the meniscus and should be avoided until 5 months
- Schedule a clinic visit for 6 months from surgery date

### Exercises

- Continue exercises from Phases 2 & 3
- At 3 months:
  - Wall squats (may use gym ball behind back against wall)
    - Progress to single leg wall squats
  - Begin treadmill jogging
    - Goal of 20 min at mild pace
- At 4 months:
  - May begin outdoor running on level surface
  - Plyometric exercises/jumping
- At 5 months:
  - Agility drills: backward running, figure of eight drills, box runs
  - Sport specific drills
  - May begin trail and stair running
  - May begin skiing groomers, road biking, golf, tennis
- At 6 months:
  - Criteria for return to full sport activity: full range of motion, pain free all strengthening activities, good neuromuscular control/agility, satisfactory clinical exam
  - Return to full sport participation and competition