

**Patient name:**

**Date of Surgery:**

**Surgery performed:**

**Tyler McGregor D.O.**  
**General Ortho and Sports Medicine**  
**South Bend Orthopaedics**  
**Rehabilitation Protocol: Meniscal Repair**

This is a general guideline. Certain patients may require extra attention to certain areas of their body or portions of the protocol. Always listen to your therapist; a protocol never replaces their good clinical judgement. Do not attempt to increase weight, perform a new exercise, or increase your range of motion without their direction.

**FIRST POST-OP WEEK**

- A well-padded post-operative dressing will be placed in the operating room. Keep this clean and dry until removed by PT/OT at your first appointment.
- Crutches will be provided. You will be touch-down weight bearing for approximately 6 weeks after surgery. No more than 15lbs of pressure should go through your operative leg when walking.
- A hinged knee brace will be placed in the operating room. This should be worn at all times, including sleeping, unless doing certain PT exercises or showering. The brace should be locked in extension when walking, but should be unlocked when seated or at rest, and will permit for 0-30° of knee flexion.
- Quad sets and ankle pumps – perform 10 repetitions of each, 10 times a day, starting the first day after surgery
- PT/OT ~ 5 days postoperatively
  - Removal of postoperative dressing
  - Reaffirming correct performance of quad sets and ankle pumps, and crutch use
  - Edema control via compression, manual mobilization and/or cold therapy.
- Formal therapy to occur once per week, with patient performing routine on own daily.

**FIRST POST-OPERATIVE APPOINTMENT ~ 10-14 days after surgery**

- Motion/incision check, suture removal.
- The brace range of motion may be increased to 60° of flexion, brace is still to be locked in extension while ambulating.

**3 WEEKS POST-OP** - Scar mobilization techniques may be initiated by PT/OT.

**4 WEEKS POST-OP** – Range of motion brace limits increased to 90° by your PT/OT. Still locked in extension while ambulating.

**6 WEEKS POST-OP – hinged knee brace discontinued, 2<sup>nd</sup> postop visit**

- Progress to weight bearing as tolerated on the surgical leg, wean off crutches over the next two weeks.
- Once full range of motion and a satisfactory healing time frame has been obtained, a work conditioning program is recommended for manual laborers, jobs that require heavy lifting, or lots of time spent on their feet.
- Physical Therapy visits may increase to 2 or 3 formal visits weekly during this period. They will slowly increase range of motion while weight bearing, core-to-floor strengthening, and dynamic activity.

**12 WEEKS POST-OP – 3rd postoperative visit**

- Formal weight-bearing restriction may be lifted; a strengthening protocol with therapy bands, cables, free weights and plyometrics must be followed in a stepwise and progressive fashion.
- It may take 6 months or more to return to full-function for those with high demand employment, or athletic activities.

Further follow-up may be scheduled based on patient progress, and clearance needed to return to full activity at work or sport.