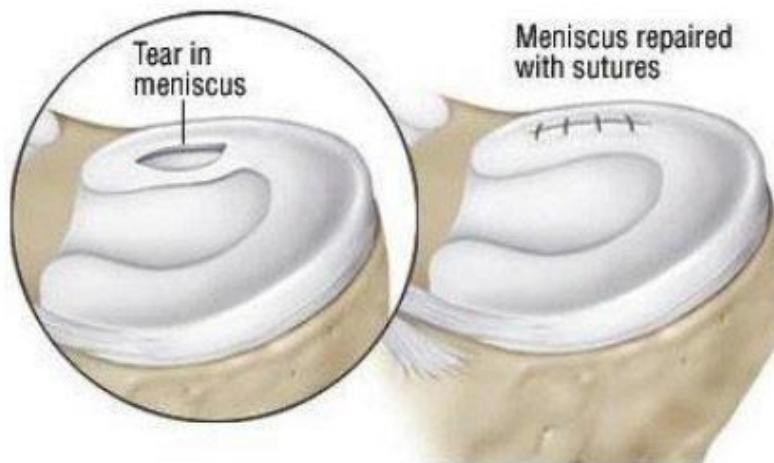


## MENISCAL REPAIR REHABILITATION GUIDELINES

Dr. Ed Tingstad

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### PHASE 1: Immediate Post-Op (Surgery – 2 weeks)

<b>Goals</b>	<input type="checkbox"/> Control swelling and ice, compression, and elevation <input type="checkbox"/> Full extension range of motion	
<b>Crutches</b>	<input type="checkbox"/> Weight bearing as tolerated with a hinged knee brace locked in full extension and crutches <ul style="list-style-type: none"> <li>• If the patient is having pain, limit weight bearing until pain free</li> </ul>	
<b>Cryotherapy</b>	<input type="checkbox"/> Cold with compression and elevation <input type="checkbox"/> First 24 hours: ice every hour for 25 minutes <input type="checkbox"/> After 24 hours: ice 3 times daily for at least 15 minutes	
<b>Exercises</b>	<b>ROM</b>	<input type="checkbox"/> Sitting heel slides <input type="checkbox"/> Prone flexion to 60 degrees
	<b>MUSCLE ACTIVATION</b>	<input type="checkbox"/> Quadriceps firing <input type="checkbox"/> Ankle Pumps <input type="checkbox"/> Prone leg extension

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### PHASE 2: Early Motion and Muscle Activation (weeks 2-6)

<b>Goals</b>	<input type="checkbox"/> Control swelling and ice, compression, and elevation <input type="checkbox"/> Full extension and flexion to 90 degrees	
<b>Crutches</b>	<input type="checkbox"/> Weight bearing as tolerated with a hinged knee brace locked in full extension and crutches <ul style="list-style-type: none"> <li>• Avoid weight bearing flexion greater than 40 degrees</li> </ul>	
<b>Exercises</b>	ROM	<input type="checkbox"/> Sitting heel slides <input type="checkbox"/> Prone flexion to 60 degrees
	MUSCLE ACTIVATION	<input type="checkbox"/> Straight leg raises <input type="checkbox"/> Standing toe raises <input type="checkbox"/> Hip abductor activation

### PHASE 3: Strengthening and Control (weeks 7-12)

<b>Goals</b>	<input type="checkbox"/> Full weight bearing <input type="checkbox"/> Full range of motion	
<b>Exercises</b>	STRENGTHENING	<input type="checkbox"/> Supine heel slides <input type="checkbox"/> Prone flexion to 60 degrees <input type="checkbox"/> Standing hamstring curl <input type="checkbox"/> Stationary bike <input type="checkbox"/> Hip abduction <input type="checkbox"/> Wall slides <input type="checkbox"/> Squat to chair <input type="checkbox"/> Seated leg press <input type="checkbox"/> Step up/down



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### PHASE 4: Early Sports Training (weeks 12-16)

<b>Goals</b>	<input type="checkbox"/> Regain muscle strength <input type="checkbox"/> Cardiovascular conditioning	
<b>Exercises</b>	STRENGTHENING	<input type="checkbox"/> Strength training should alternate every other day with cardio and sport training <input type="checkbox"/> Transition to single leg wall slides and single leg squat to chair
	CARDIOPULMONARY	<input type="checkbox"/> This should be performed 3-4 days per week <input type="checkbox"/> Stationary bicycle or elliptical machine: increase resistance prn

### PHASE 5: Sports Training (weeks 16-24)

<b>Goals</b>	<input type="checkbox"/> Advance Cardiovascular conditioning	
<b>Exercises</b>	STRENGTHENING	<input type="checkbox"/> Continue strength training and alternate every other day
	CARDIOPULMONARY	<input type="checkbox"/> Light running on a soft, level surface: start running for 5 minutes and increase to 30 minutes over a 4-week period
	SPORT SPECIFIC TRAINING	<input type="checkbox"/> When running in line for 30 minutes is relatively easy and does not cause pain or swelling, consider starting speed and agility training <input type="checkbox"/> In line sprinting starting half speed for 100 yards x 10 reps <input type="checkbox"/> Add cones or zig-zag running <input type="checkbox"/> Add forward and backward running <input type="checkbox"/> Add figure of eight running <input type="checkbox"/> Add carioca <input type="checkbox"/> Add shuttle run

### PHASE 6: Return to Sport (weeks 24+)

<b>Goals</b>	<input type="checkbox"/> Return to unrestricted pivoting sports when motion and strength have returned without swelling during advanced rehabilitation
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\*Portions adapted from Postoperative Orthopaedic Rehabilitation by Green, Hayda, and Hecht