



# Indiana University Health

*IU Health Physicians Orthopedics & Sports Medicine*

## **MENISCAL BODY REPAIR (STANDARD PROTOCOL)**

### **PHYSICAL THERAPY PROTOCOL**

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**Patient Name:** \_\_\_\_\_ **Date of Surgery:** \_\_\_\_\_

\_\_\_ Evaluate and Treat \_\_\_\_\_ Provide patient with home program

Frequency: \_\_\_\_\_x/week x \_\_\_\_\_weeks

**Procedure:** Right / Left Knee Medial / Lateral Meniscal Repair



**Phase I (0-4 wks): *Period of protection – locked in brace with no motion for first week postop. In general, knee is protected with a brace, ROM limited to <90 degrees, and tibial rotation avoided for 6 weeks. By the end of this 8 wk period, goal is full ROM, advancing strength and a stable repair.***

**Weeks 1-4:**

- NWB with crutches, brace locked in extension** (unless otherwise directed)
- Brace: locked in extension (remove for hygiene/exercises)
- ROM: PROM 0-90 only; AROM 0-90 as tolerated
- Therapeutic Exercises:
  - a. Ice and elevation, 3-4x/day
  - b. Biofeedback and/or E-Stim for muscle re-education and effusion reduction as needed
  - c. Heel slides, ankle ROM
  - d. Patellar mobilization
  - e. SLRs, isometrics for quads, hip abductors and adductors

**Weeks 3-4:**

- NWB with crutches, brace locked in extension** (unless otherwise directed)
- Brace: locked in extension (remove for hygiene/exercises)
- ROM: PROM 0-90 only; AROM 0-90 as tolerated
- Therapeutic Exercises:
  - a. Continue biofeedback and/or E-Stim for muscle re-education and effusion reduction as needed
  - b. Heel slides, ankle ROM
  - c. Patellar mobilization
  - d. Progress weight for SLRs, continue isometrics for quads, hip abductors and adductors

**Phase II (4-6 wks): *Transition phase***

- Weightbearing:** Progress to WBAT between weeks 4-6. Brace locked in extension during ambulation. Unlocked at rest.
- Brace: Unlocked fully for ROM exercises.
- ROM: Full ROM allowed.
- Therapeutic Exercises:
  - a. As above.
  - b. Progress weight for SLRs
  - c. Week 4: Partial wall sits at flexion angles < 90 deg.

**Phase III (6-16 wks): *Advance closed chain strengthening to provide extraarticular protection of meniscus.***



WBAT without assist  
Discontinue hinged knee brace use when patient has achieved full extension with no evidence of extension lag.  
Full active ROM  
Progressive resistance on Eagle machines  
Multi-hip; knee extension/flexion; leg press; calf raises  
Isokinetics  
Velocity spectrum  
Increase endurance activities  
Closed chain extension exercises, hamstring strengthening  
Stationary bike, pool, versaclimber, walking, **No Running**

Phase III (16 wks to release): *Sport-specific activities.*

Continue Phase III exercises three times per week  
Running  
-Begin with 1 mile jog/walk and increase in 1/4 mile increments.  
-Once patient is able to jog 20 minutes with no discomfort or swelling may progress functional activities to include figure 8's, cutting, jumping, etc.  
Sport specific activities (progressed as tolerated)  
Backward running, carioca, ball drills & other sport skills

**Criteria for Return to Full Activity:**

Adequate healing time  
Full pain free ROM  
Normal isokinetic evaluation and function tests  
Satisfactory performance of sport specific activities without swelling

**By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient \_\_\_ would \_\_\_ would not benefit from social services.**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Bryan M. Saltzman, MD**