

Post-Surgical Meniscal Repair Rehabilitation

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 in Collaboration with
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Physician Referral for Physical Therapy for:



These guidelines, treatments, and milestones have been established to assist in guiding rehabilitation based on the most current available evidence. They are not intended to be substitute for sound clinical judgement with consideration of the individual contextual features of the patient and the demands of various functions/sports.

Recommendations	Precautions:*	The following factors may affect prognosis
<ul style="list-style-type: none"> x When implementing the below guidelines for rehabilitation of meniscal repairs with concomitant procedures, consider the following: <ul style="list-style-type: none"> o With ACL reconstruction: <ul style="list-style-type: none"> 9 Promote protection of the ACL graft by limiting excessive anterior tibial translation o With ACL and MCL repair: <ul style="list-style-type: none"> 9 Limit excessive anterior tibial translation and avoid valgus stress o With PCL reconstruction: <ul style="list-style-type: none"> 9 Avoid aggressive posterior tibial translation x Use of the Soreness Rule when determining exercise progression 	<ul style="list-style-type: none"> x No loaded knee flexion beyond 45° until week 5³ x No loaded knee flexion beyond 90° until week 8 x No forced knee hyperextension if anterior horn repair x No forced knee flexion if posterior horn repair x Avoid OKC exercise from 0-30° and CKC exercise from 90-120° if patient shows signs/symptoms of patellofemoral irritation^{4,5} 	<ul style="list-style-type: none"> x Shorter meniscus healing time if concomitant cruciate repair^{7,8} x Biopsychosocial factors such as pain catastrophizing, fear avoidance behavior, and exercise self-efficacy



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Tests/Measures:

x Soreness Rules

Criterion	Action
1. Soreness during warmup that continues	2 days off, drop down 1 step
2. Soreness during warmup that goes away	Stay at step that led to soreness
3. Soreness during warmup that goes away and redevelops during session	

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References:

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3. Zhongan Z et al. Treatment of longitudinal injuries in avascular area of meniscus in dogs by rephination. Arthroscopy 1988; 4:151-156.
4. Steinkamp LA et al. Biomechanical considerations in patellofemoral rehabilitation. Amer J Sports Med 1993;23(3):438-444.
5. Escamilla RF. Knee biomechanics of the dynamic squat exercise. Med Sci Sport Exe 2001;33(1):127-141.
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