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Rehabilitation Guideline for Meniscal Repair

Patient Education

General Anesthesia

- Do not drive or operate machinery for 24 hours
- Do not consume alcohol or take any sleeping medications or any other non-prescription medication for 24 hours
- Do not make important decisions or sign any important documents in the next 24 hours
- A responsible adult MUST stay with you for the rest of the day and also during the night

Wound Care

- Dressings are to be kept clean and dry. You may remove the dressing 72 hours after your surgery. Do not remove the paper strips over the incisions; they help support the incisions while they are healing. Incisions are closed with stitches under the skin that absorb on their own. A small amount of clear or bloody drainage is normal. A light gauze may be applied to the operative site. This should be changed daily until drainage stops.
- You may shower once dressings are removed. Gently wash incisions with soap and water. The surgical wound should be patted dry with a clean towel after showering. Do not take baths or soak the incisions until 2 weeks after surgery.

Pain and Swelling

- Ice your knee as frequently as possible for 15-20 minutes. Do not place ice directly on skin as it may cause damage to the skin. Once dressings are removed, place a towel between the ice and your skin.
- Narcotic pain medication will be prescribed for you when you leave the hospital. Take this as directed on the prescription. You may also take up to 400mg of ibuprofen every 6 hours if necessary to help control pain. Do not take this if you have a history of stomach ulcers or are taking blood thinning medications such as Coumadin or Plavix. Discontinue ibuprofen if you develop an upset stomach while taking them. You may become constipated from pain medications. Increase your fluid intake while taking pain medications such as water, prune juice, orange juice, etc. If you are still having a problem you may also take a stool softener.

Driving

- Driving may resume once you are no longer taking narcotic medications.
- If you had surgery performed on the left knee, once you have stopped taking the narcotic medication, you may begin to drive. If surgery was performed on the right knee, you may drive once you are no longer taking narcotic medication, can ambulate without crutches, and you are confident you can push the brake pedal quickly if necessary. This is generally around 1-2 weeks after surgery.

Rehabilitation

- Below you will find the therapy program that you will be following for the next several weeks to months. They have been laid out into different categories such as appointments, rehabilitation goals, precautions, suggested therapeutic exercises, range of motion exercises, cardiovascular, and progression criteria. Keep in mind that this is a general timeline and subject to change per patient needs directed by your surgeon.

CALL YOUR SURGEON SHOULD ANY OF THE FOLLOWING OCCUR

- Fever over 100 degrees taken by mouth or 101 degrees if taken rectally
- Pain not relieved by medication prescribed
- Swelling around incision
- Increased redness, warmth, hardness, or foul odor around incision or examination site
- Numbness, tingling, or cold fingers or toes
- Blood-soaked dressing (small amounts of oozing may be normal)
- Increasing and progressive drainage from incision or examination site
- Unable to urinate
- Persistent nausea/vomiting or inability to eat or drink

Phase I (surgery to 6 weeks post op) **Date: _____**

Appointments	● Appointments begin 3-5 days post-op and then approximately 1 time per week. ● Appointments with physician will be at 2 weeks and 6 weeks post op.
Rehabilitation Goals	● Protection of the post-surgical knee ● Restore normal knee extension ● Eliminate effusion in knee ● Restore leg control ● **Compliance with home exercise program**
Precautions	● Non-weight bearing (NWB) for 6 weeks ● Knee brace locked for all weight bearing activities for 6 weeks ● ROM: 0-90 degrees. Do not flex the knee past 90 degrees
Range of Motion Exercises	● Knee extension on bolster ● Prone hangs ● Supine wall slides ● Heel slides with towel (caution with posterior medial meniscus repair) ● Knee flexion off the edge of table
Suggested Therapeutic Exercises	● Quad sets ● Straight leg raises ● 4 way hip standing with brace on for balance ● Abdominal isometrics
Cardiovascular exercises	● Upper body circuit training or upper body ergometer
Progression Criteria	● 6 weeks after surgery ● Pain free walking without crutches ● No swelling

Phase II (6-12 weeks post op) **Date: _____**

Appointments	● Appointments with physical therapy at their discretion ● Appointment with physician will be 12 weeks post op.
Rehabilitation Goals	● Leg control on a single leg ● Normalized gait ● Control and no pain with functional movements, including step up/down, squat, partial lunge (between 0 and 65 degrees of knee flexion)
Precautions	● No forced flexion with passive ROM with knee flexion ● No weight bearing activities that push the knee past 65 degrees of flexion ● Avoid post rehab swelling ● No impact exercises or activities
Suggested Therapeutic Exercises	● Non-impact balance and proprioceptive skills ● Stationary bike ● Gait drills ● Hip and core strengthening ● Stretching for patient muscle imbalances ● Quad strengthening, making sure closed chain exercises are within 0 and 65 flexion

Cardiovascular Exercise	• Non impact endurance training: stationary bike, nordic track, swimming, deep water running or cross trainer
Progression Criteria	• Normal gait • Ability to perform functional movements without unloading injured leg, no pain, and demonstrating control • SL balance longer than 15 seconds

Phase III (12 - 16 weeks post op) **Date: _____**

Appointments	• Appointments with physical therapy at their discretion • Appointments with physician at 16 weeks post op.
Rehabilitation Goals	• Good control and no pain with sport and work specific movements, including impact drills
Precautions	• Post-activity soreness should resolve within 24 hours • Avoid post-activity swelling • Avoid posterior knee pain with end knee flexion
Suggested Therapeutic Exercises	• May begin plyometric drills once running program has been completed. • Impact control exercises beginning 2 ft to 2 ft > 1ft to other ft > 1 ft to same ft • Movement control exercises beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities • Strength and control drills related to sport specific movements • Sport/ work specific balance and proprioceptive drills • Hip and core strengthening • Stretching for patient specific imbalances
Cardiovascular Exercise	• Begin running program at 12 weeks. • Replicate sport or work specific energy demands
Return to Sport/ Work Criteria	• Dynamic neuromuscular control with multi-plane activities without pain or swelling • Clearance from physician and physical therapy/athletic trainer.

Comments:

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Questions: contact our office at 903-729-3214 Opt. 0

****Disclaimer: Please note that this protocol is not exact to the patient. It is up to the treating physician when the athlete/patient is able to return to full activities. Time of phases will vary among the specific patient.****