



MENISCAL REPAIR STANDARD REHABILITATION GUIDE

PHASE	SUGGESTED INTERVENTIONS	TO ADVANCE TO NEXT PHASE
PHASE I PEAK PROTECTION PHASE 0-2 WEEKS 0-1 EXPECTED VISITS	<p>Goal:</p> <p>-We are aiming to prevent any further damage from occurring with the injured joint. To ensure this before entering the following stages, please follow the following actions.</p> <p>-Edema controlling treatments for this condition are essential in this phase. To manage swelling:</p> <ul style="list-style-type: none">- Application of ice- Compression Therapy- The use of compression garments is recommended- Elevation of the affected limb- Patella mobilizations & the utilization of a compression (donut) pad <p>-Weight-bearing is advised, but only in a locked brace, maintaining full extension. Passive and AAROM (Active Assisted Range of Motion) exercises within a protected range of motion (0-90 degrees) are integral components of the treatment plan. It is crucial to avoid active knee flexion and activities such as biking during this period. Additionally, incorporating quad sets with NMES (Neuromuscular Electrical Stimulation) as needed and performing straight leg raises (SLR) in four directions are key exercises to address the specific requirements of managing edema in this context.</p>	<p>Criteria:</p> <ol style="list-style-type: none">1. Establish an environment conducive to the proper healing of the repair site.2. Maintain control of post-operative pain at a level of 0-1/10 during Activities of Daily Living (ADLs) while in the brace.3. Achieve the resolution of post-operative effusion, ranging from trace to 1+.4. Implement measures to prevent post-operative complications.5. Restore full extension, comparable to the contralateral side.6. Attain Passive Range of Motion (PROM) from 0 to 90 degrees.
PHASE II SHIELDED RANGE OF MOTION PHASE 3-6 WEEKS 4-9 EXPECTED VISITS	<p>Goal:</p> <p>-Establish a Progressive Range of Motion (ROM) regimen, aiming to achieve flexibility beyond 90 degrees within the first four weeks. Consider unlocking the brace if the patient demonstrates proficient straight leg raises without lag during 20 repetitions. Commence full weight-bearing, permitting the brace to be open within the specified range (0-90 degrees maximum) starting from the fourth week.</p> <p><i>*Ask a healthcare provider for recommended exercises during this phase</i></p>	<p>Criteria:</p> <ol style="list-style-type: none">1. Mitigate complications by incorporating gentle protected motion, achieving symmetrical hyper-extension to approximately 120 degrees flexion.2. Decrease post-operative swelling and inflammation, aiming for no to trace effusion.3. Re-educate and initiate quad control with active Straight Leg Raises (SLR) without extension lag.4. Achieve level ground ambulation with minimal faults by week 6.

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<p>PHASE III MOBILITY & MUSCLE ACTIVATION PHASE 6-9 WEEKS</p>	<p>Goal: -Continuing the strengthening exercises targeting hips and quads. Based on previous phase will determine your progress for this phase's exercise movements.</p> <p>ROM: -Utilize a stationary bike for ROM exercises only.</p> <p>-Engage in light-resisted open-chain knee extension, focusing on Slow Angular Quads (SAQ) from 90 to 30 degrees.</p> <p>- Integrate static proprioception training, transitioning from double to single leg stance, with deviations and varied surfaces. Emphasize proper hip and knee stability and employ a hip strategy during the exercises.</p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Progress the Range of Motion (ROM) program towards near full motion, spanning from full extension to 135 degrees flexion. 2. Enhance muscular strength and endurance. 3. Implement measures to control forces on the extensor mechanism. 4. Achieve normalized level ground ambulation. 5. Establish normalized single-leg static balance with proper proximal control, ensuring no valgus and hip medial rotation.
<p>PHASE IV ADVANCED STRENGTHENING & ECCENTRIC CONTROL PHASE 9-12 WEEKS</p>	<p>Goal: -The progression of closed and open chain quad strengthening, focusing on the range of motion between 0 to 90 degrees, involves a systematic approach to enhance the strength and stability of the quadriceps muscles.</p> <p>Within this regimen, incorporate the following specific exercises: - Front Lunges - Isotonic Knee Extension - Heel Raises are incorporated.</p> <p><i>*Ask a healthcare provider for recommended exercises during this phase</i></p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Achieve the restoration of full, pain-free Passive Range of Motion (PROM) and Active Range of Motion (AROM), equal to the contralateral knee, with complete resolution of post-operative effusion. 2. Perform Activities of Daily Living (ADLs) without normal pain. 3. Attain improved quadriceps strength at 80% of the contralateral limb. 4. Normalize gluteal strength. 5. Demonstrate proper biomechanics and control during a front step down. 6. Enhance single-leg proprioception.
<p>PHASE V REFINED MOVEMENT & CONTACT PHASE 3-6 WEEKS</p>	<p>Goal: -Advance to a running program, incorporating appropriate bracing, and focus on training to enhance and normalize form and shock absorption, subject to medical clearance.</p> <p>-Progress open and closed chain strengthening for the entire lower extremity (LE) chain, emphasizing single-limb strengthening.</p> <p>-Gradually transition to higher-level activities and sports-specific exercises based on strength and control, as approved by the medical professional.</p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Achieve a strength deficit of less than 10% in both quadriceps and gluteal. 2. Attain a limb symmetry index of 90% on functional testing. 3. Score 45 out of 50 on biomechanical functional assessment tests, if conducted. 4. Report no pain or complaints of instability during the functional progression of sport-specific skills

