Physical Therapy Meniscal Repair - Complex
Post-Operative Therapy Plan

Primary Surgery: Meniscal Repair
   ____ Medial
   ____ Lateral

Secondary Procedures: ______________________

Date of Surgery: ______________

Surgeon: ______________

Date of Injury: ______________

WB Precautions: Flat Foot touch down using crutches with brace locked in extension 6 wks, WBAT with or without crutches with brace from 0-90 deg at 7-8 wks

Brace use for ambulation: Locked in extension x 6 wks, unlocked 0-90 at 7-8 wks when WB

Precautions: Weight bearing restrictions as above
   ROM limited from 0-90 in NWB position x 6 wks
   Hold bike x 6 wks

Next Follow Up with MD/PA: ______________

Please print below chart and use check list as progress note for MD.

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<table>
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<tr>
<th>Week 1-6</th>
<th>Intervention</th>
<th>Milestones</th>
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|          | Ice/modalities to decrease pain and inflammation. Compression and elevation for swelling. Patellar mobilization. NMES/BFR highly encouraged for quad activation. Flat foot weight bearing with brace locked in extension. Portal/incisional mobilization as needed. Prioritize activities to get full hyperextension. Begin bike at 6 weeks. | Full hyperextension  
AROM/PROM= 0-90  
Active quadriceps contraction  
No quad lag with SLR in full hyperextension |

| Weeks 7-8 | WBAT with brace 0-90 deg. Aquatic therapy/walk/jog when wounds heal (start at chest level). Progress bike. Bilateral CKC exercises (mini-squats/proprio). | Flexion motion continually progressing  
Full extension/hyperextension. |

| Week 9 | Initiate elliptical. Progress strengthening & proprioception to unilateral as tolerated, step ups in pain free range. | Reciprocal stair climbing  
Flexion ROM gradually increased |

| Week 10-13 | Initiate gym strengthening to include light open chain activities if tolerated. No CKC exercises past 90 deg. | Continue to increase flexion ROM to full  
Bilateral squat without pain to 60 degrees  
LQYBT initiated as exercise |

| Week 14-15 | Plyometric progression initiates (*see above). Run progression can start if single and double leg hopping is tolerated and with safe form. | Double leg hop cycle without pain/with control  
Single leg hop cycle without pain/with control  
LQYBT Asymmetries < 15 cm; composite score >75%  
CKC Dorsiflexion >35 and <5 deg asymmetry |

| Week 16 | Run progression continued. Initiate light, controlled agility and progress plyometrics as tolerated. Progress appropriate gym strengthening program. | Prone knee flexion within 90% of uninvolved  
LQYBT Asymmetries < 10 cm; composite score >85% |

| Week 17-20 (4-5 mo) | Continue aggressive LE strengthening & cardiovascular training. Implement low intensity sports specific drills. Incorporate jump prep (countermovement) drills. Gradually advance plyometrics from bilateral to unilateral as tolerated. Progress from easy low speed cutting, jumping, plyometrics. Minimum timeframe for return to sport testing based on physician approval. | Maintaining gains in strength (>90%)  
Equal Flexion AROM/PROM in prone  
LQYBT Asymmetries < 5 cm anterior, <6 cm PM and PL; composite score >94%  
Hop Testing LSI >85% if tested  
FMS Composite Score >14 |

| Week 24-32 (6-8 mo) | Continuation and progression of above. - Include deceleration activities. Higher level plyometrics, initiate more aggressive sport specific drills, evaluate form under fatigue. | Hop Testing LSI ≥ 95%  
FMS Composite > 14 and no 0’s or 1’s |

| Week 36-48 (9-12 mo) | Higher level plyometrics, initiate more aggressive sport specific drills, evaluate form under fatigue. | Hop Testing LSI ≥ 95%  
FMS Composite > 14 and no 0’s or 1’s  
Hop Testing LSI at 95% or better after fatigue protocol (Borg Scale 15 or greater) |

When patient is discharged and returned to play, 12 month f/u with the surgeon to be scheduled. Prior to follow up, repeat functional testing. Can be scheduled with St. Luke’s Rehab by calling 208-385-3720.
Functional Strength Testing (Start week 10): For functional strength testing use the Lower Quarter Y Balance Test. This test compares side to side reaching in 3 different directions and also compares the reaches to limb length. Passing the LQYBT is not expected until 6-8 months post op but can be safely used as an exercise to improve strength, proprioception, mobility and coordination starting at week 10. Lower Quarter Y Balance Test Score Sheet.

Plyometric progression to include Running (Week 14 to Discharge)
- No running until double and single leg hopping are shown to be tolerated well and with good form
  - Double leg hop cycle x 2 weeks
  - Single leg hop cycle x 2 weeks
  - Begin running progression
  - Teach jump prep (countermovement drills)
Higher intensity plyometric exercises (incorporate practice of hop testing)
Implementation of sport specific multi-directional and reactive drills

Return to Play (RTP)/Discharge Time Lines and Criteria:
- Functional Testing – minimum of 4 months with physician approval (discharge potential if non-athlete)
  - FMS > 14 with no 0’s or 1’s
  - Lower Quarter Y Balance Test:
    - < 5 cm asymmetry in all 3 reaches
    - > 94% Composite Score
  - Hop Testing: ≥ 95% Limb Symmetry Index
    - Single Hop for distance
    - Triple Hop for distance
    - Triple Crossover Hop for distance
  - Closed Kinetic Chain Dorsiflexion
    - >35 degrees bilaterally
    - < 5 degrees of asymmetry

- Return to Sport Testing for Athletes – minimum of 4 months with physician approval
Meet above standards in fatigued state. Recommend Borg scale rate of perceived exertion at 15. Fatigue patient in movements similar to sports demands

Other functional testing can be included: tuck jump assessment, isokinetic testing, single leg squat, etc.