Physical Therapy Meniscal Repair - Normal
Post-Operative Therapy Plan

Primary Surgery:  Meniscal Repair
    ____ Medial
    ___ Lateral

Secondary Procedures:  ____________________

Date of Surgery:  ______________

Surgeon:  ______________

Date of Injury:  ______________

WB Precautions:  Flat Foot with brace locked in extension 0-2 wks, WBAT with brace locked in extension 3-4 wks, FWB with brace from 0-90 deg 5-7 wks

Brace:  Locked in extension x 4 wks, unlocked 0-90 x 3 wks when WB

Next Follow Up with MD/PA:  ______________
Precautions:  Weight bearing restrictions as above  
ROM limited from 0-90 in NWB position x 4 wks  
Hold bike x 4 wks

Functional Strength Testing (Start week 8): 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 4-5 months post op but can be safely used as an exercise to improve strength, proprioception, mobility and coordination starting at week 8. Lower Quarter Y Balance Test Score Sheet.

Plyometric progression to include Running (Week 12 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:
    o < 5 cm asymmetry in all 3 reaches
    o > 94% Composite Score
  - Hop Testing: ≥ 95% Limb Symmetry Index
    o Single Hop for distance
    o Triple Hop for distance
    o Triple Crossover Hop for distance
  - Closed Kinetic Chain Dorsiflexion
    o >35 degrees bilaterally
    o < 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.
Ideally patients should achieve the following milestones before advancing to the next stage.

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

<table>
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<tr>
<th>Intervention</th>
<th>Milestones</th>
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| **Week 1-2** | 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. | ___Full hyperextension  
___AROM/PROM= 0-90  
___Active quadriceps contraction |
| **Weeks 3-4** | Portal/incisional mobilization as needed. Prioritize activities to get full hyperextension. WBAT with brace locked in extension. Aquatic therapy/walk/job when wounds heal (start at chest level). Begin bike at 4 weeks. | ___ ROM: Continue 0-90  
___ No quad lag with SLR in full hyperextension |
| **Week 5-7** | WBAT with brace 0-90 deg. Progress bike, initiate elliptical. Bilateral CKC exercises (mini-squats/proprio) & step ups in pain free range. | ___ Full extension/hyperextension  
___ Full extension/hyperextension |
| **Week 8-11** | Progress strengthening & proprioception to unilateral as tolerated. Initiate gym strengthening to include light open chain activities if tolerated. No CKC exercises past 90 deg. | ___ Full extension/hyperextension  
___ Flexion ROM gradually increasing  
___ Bilateral squat without pain to 60 degrees  
___ LQYBT initiated as exercise |
| **Week 12-14** | 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 15** | Run progression continued. Initiate 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 16-20 (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.