

Rehab guide for patients following: **Unstable Meniscal Tear Repair**

Prepared for: Rehabilitation Therapists

Prepared by: Louw van Niekerk, FRCS(Orth)

24 July 2019

Revision: 4

	Movement	Mobility	Rehab/Exercises	Goals before progression
Immediately post-op	Knee immobiliser left in place for 48 hours.	TWB with crutches	<ul style="list-style-type: none"> • Full active and passive knee extension • Cryotherapy • Circulatory exercises • Isometric quads 	<ul style="list-style-type: none"> • Upright posture • Quads control with 0° lag
Discharge - 2 weeks	<ul style="list-style-type: none"> • No limit to active/passive movement for MM repairs. • Limit flexion to < 90° for LM repairs 	TWB with crutches	<ul style="list-style-type: none"> • Isometric quads/hamstrings • CKCQ within 60° • ROM • Basic proprioception 	<ul style="list-style-type: none"> • Full passive extension • Independent gait • 0° lag SLR
Week 2-6	<ul style="list-style-type: none"> • No limit to active/passive movement for MM repairs. • Limit flexion to < 90° for LM repairs 	Gradually progress from TWB to FWB and commensurate with pain and effusion aiming to mobilise with a single crutch (used on the contralateral side) in week 5 and 6	<ul style="list-style-type: none"> • Ensure full active and passive extension • Concentric hams and CKCQ • Basic proprioception and balance • Low resistance static bike • Core • VMO/Hip abductor strength and balance 	<ul style="list-style-type: none"> • Full active and passive extension • Normal gait (no limp) • Full quad control • Diminishing small effusion

	Movement	Mobility	Rehab/Exercises	Goals before progression
Week 6-12	Ensure knee extension complete	<ul style="list-style-type: none"> • Avoid uneven surfaces • Walking distance dictated by the size of the effusion 	<ul style="list-style-type: none"> • Ensure full active and passive extension • High resistance/ low reps strength lower limb • Bike/static bike mid resistance • Core • Basic plyometrics • Proprioception 	<ul style="list-style-type: none"> • Ensure full active and passive extension • VMO/Hip abductor balance • 30-50% Hams strength • Proficient in basic plyometric programme • Proficient in basic proprioception programme
Week 12-24	If extension (comparable to the contralateral knee) is incomplete refer back to surgeon	<ul style="list-style-type: none"> • Jog/Walk programme 	<ul style="list-style-type: none"> • High resistance/ high rep strength of VMO, hip abductors and hamstrings • Bike high resistance • Advanced proprioception • Advanced plyometrics 	<ul style="list-style-type: none"> • Bilateral proprioceptive control • Hamstring strength 70% of contralateral • Quads volume and strength • 20 minutes continuous jog • No anterior knee pain

SUMMARY

Objectives

- Full knee extension comparable to contralateral side to be encouraged from day one. Any passive block to extension after 10-12 weeks needs referral to surgeon
- Proprioception work to start ASAP and not necessarily follow the strength programme
- Aim for jog/walk programme by 12-13 weeks. This will vary greatly among patients of various athletic ability. Start with 1 minute jog (slow shuffle) and 2 minutes walk on a soft surface/treadmill and increase to 2 minutes jog and 1 minute walk by the end of 20 minute session. Three minute cycles can be increased to 5 minute cycles dictated by anterior knee pain/effusion and athletic ability and then to 10 minute-, 15 minute- and 20 minute cycles. When 20 minute jog/walk cycles are well tolerated there is no restriction to straight line running. Shuttle sprints, pivoting and cutting can now be commenced.
- Aim to return to racket sport by 16-20 weeks

- Return to rugby, football, hockey, netball , etc., 20-36 weeks unless failure to achieve final objectives.

Notes

- Post surgery patients are routinely reviewed in the orthopaedic clinic at 4-6 weeks, 3 months and 6 months
- Earlier review if patient fails to meet goals
- Clinical queries to be directed to sportsinjurysurgeon@gmail.com