Arthroscopic Meniscal Repair
Dr Barton Branam

Pre-operative Rehabilitation

GOAL: Optimize medical and physical conditions to maximize likelihood of achieving operative goals. Review post-operative protocol/restrictions and address any concerns about living environment/ADL's. The patient and surgeon should have similar goals and expectations relative to the surgery and the expected outcomes.

Postoperative rehabilitation

GOAL: Restore range of motion and strength, such that function is optimized to achieve surgeon and patient goals. Range of motion and strength often dictate functional outcome. Eliminate (or minimize) pain depending on clinical situation. The ranges below are indicative of differences in recovery times as determined by factors such as age, activity level, medical conditions, conditioning, and tissue quality. The intent is to rehab as aggressively as possible while allowing for proper healing of the surgically treated tissue. The patient will follow up post-operatively with Dr Branam's office at 3-5 days, 4 weeks, 2 months, 3 months and then a check for return to sport or as needed. Outside of the regularly scheduled follow up appointments with Dr. Branam, he needs to know about outlier patients i.e. those that are well ahead or behind schedule.

**If the patient is rehabbing out of town, the Athletic Trainer and/or Physical Therapist need to touch base with someone from Dr Branam's team at regular intervals. Communication is key to a successful outcome

PHASE I: Weeks 1-4

1) Immediate post-operative PT visit: educate patients on precautions, check crutches/brace for fit, review swelling and pain management, check wound
   **Focus on pain and inflammation management
2) May take down dressing and shower post-op day 3 (no soaking or submerging wound)
3) ROM: restricted 0-90*
   a. Goal is to achieve full knee extension
   b. No resisted hamstring exercises for 4 wks
4) Gait training: NWB with brace on and locked at 0*/full extension
   a. WB'ing restriction may vary depending on size, type of repair → follow up with Dr Branam for specifics
   b. Brace should be on and locked at all times
5) Exercises/therapy activities
   a. AROM: hip and ankle
   b. Isometrics
   c. Flexibility
   d. Patellar glides
   e. NMES/biofeedback for quad, SLR
6) GOALS: SLR without a quad lag, ROM 0-90, minimal pain/effusion

PHASE II: Weeks 4-8

**Patient will typically see Dr Branam for a follow up in his office around 4 wks to check progress. At this time, Dr Branam will review WB'ing and brace precautions

1) Review restrictions/brace/WB'ing
    a. Shorten and unlock brace per physical therapist when sufficient quad control
2) Continue exercises with progressive strength and endurance training
    a. Cardio: bike, elliptical, treadmill walking
    b. CKC: heel raises, squats, leg press
        i. No loaded knee flexion beyond 45* for 4 wks
        ii. No loaded knee flexion beyond 90* for 8 wks
    c. Balance/proprioception training – progress to unstable surface
3) Establish HEP/gym program
    a. Importance of doing the exercises 5-6 days/wk and not just in PT. Assist in setting up a gym or home program so the patient can be consistent and be successful in returning to their activities prior to injury
4) GOALS: full ROM, progressive WB'ing to normal gait without AD, no effusion

PHASE III: Weeks 8-12

1) Criteria for advancement: FULL ROM, normal gait.
    a. **If no full ROM at 8w the patient is very much behind**
2) Continue progressive strengthening
    a. Cardio: Elliptical, Stairmaster, bike
    b. CKC: progress to unilateral
    c. Balance/proprioception
    d. Endurance
3) Can initiated early plyometric activities with emphasis on return to sport toward the end of the phase

PHASE IV: Weeks 12 to 4+ months

1) Patients are seen for a follow up at Dr Branam's office around 3 months post-op. At that time if the patient is progressing well in rehab, they may start jogging
    a. Walk: jog interval – length and number of intervals depends on overall conditioning
        i. Progress to running drills as tolerated
2) Jumping/hopping drills to prepare for return to sport
    a. 2 feet to 1 foot: work on landing
    b. 1 foot to 2 feet: work on push off
3) Sport specific/agility drills
4) Function testing
    a. SL hop, hop cross over, triple hop

Return to functional goals: i.e. sport/work: Upon completion of proper rehab you'll be cleared to return to sport. This may require a functional evaluation by the therapist which will aid the surgeon in determining the appropriate timing. This should be consistent with the preoperative discussions, but are often variable. Please make sure you understand the process for return to sport which will almost

always involves a gradual progression.