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**ISOLATED MENISCAL REPAIR**  
**PHYSICAL THERAPY PROTOCOL**

**Preoperative Guidelines**

- Restore full AROM (unless mechanically locked by meniscus)
- Teach normal heel-toe gait
- Strengthen involved extremity
- Decrease effusion
- Educate Patient on post-op protocol, use of crutches (level and stairs)

**Note: Exercise prescription is dependent upon the tissue healing process and *individual* functional readiness in *all* stages. If any concerns or complications arise regarding the progress of any patient, physical therapy will contact the orthopedist.**

**Phase I (Post-op Days 1 – 14)**

- Weight bearing depends on surgical procedure and MD recommendations**
- No active HS exercises against gravity or with weights**
- Brace – locked in extension for ambulation...Can unlock for exercise only
- Patellar mobilization (teach patient)
- Calf pumping
- AAROM 0-90 degrees...**But will depend on surgical procedure and MD recommendations.**
- PEAFF (passive extension-active flexion), heel slides – Limit to 0-90 degrees
- Passive extension with heel on bolster or prone hangs
- Electrical stimulation in full extension with quad sets and SLR
- SLR x 4 (parallel bars if poor quad control)
- Double leg heel raises
- Gentle HS stretching, calf stretching, hip stretching
- Ice pack with knee in full extension after exercise

**Goals:** Independent SLR x 10 without lag, 0-0-70 degrees AROM, pain and effusion controlled

### **Phase II (Weeks 3 – 4)**

- Brace – locked in extension for ambulation
- Crutches – **Weight bearing depends on surgical procedure and MD recommendations.**
- Continue appropriate previous exercises and patellar mobilizations
- Scar massage when incision healed
- PROM, A/AROM, AROM 0-90 degrees only **Unless approved by MD to increase ROM**
- SLR x 4 – add light ankle weights if quad control is maintained
- Weight shifts (partial support in parallel bars)...**Depends on WB status**
- Begin progressive closed chain exercises starting with light resistance (i.e. supine leg press) and not > 0-45 degrees staying within WB restrictions.
- Stretches – HS, AT, Hip Flexors, ITB
- Pool Therapy for gait training (no kicking). Stay within ROM restrictions

**Goals:** Pain/effusion under control, No extensor lag with SLR x 30, AROM 0-0-90

### **Phase III (Weeks 5 – 8)**

- Brace – Locked in extension for ambulation (**MD may D/C it sooner: check with MD**)
- Crutches – **Weight bearing depends on surgical procedure and MD recommendations.**
- Continue appropriate previous exercises
- PROM, AAROM, AROM with goal of 120 degrees by 8 weeks
- Hamstring curls 0-45 – closed chain (carpet drag, rolling stool)
- Stationary bike with seat high for ROM – complete cycle as able
- Well-leg Theraband... **Depends on WB status**
- Mini squats, Total Gym no > 45 degrees knee flexion...**Depends on WB status**
- Mini Wall sits for time no > 45 degrees knee flexion... **Depends on WB status**
- Treadmill walking progression...**Depends on WB status.**
- Pool therapy – Walking and jogging (no kicking)

**Goals:** AROM 0-0-120 degrees, no effusion, independent ambulation FWB without deviation

### **Phase IV (Weeks 9-12)**

- WBAT, D/C crutches when gait is WNL
- Continue appropriate previous exercises
- PROM, AAROM, AROM – gradually increase motion
- Partial wall squats – No knee flexion past 45 degrees
- Lateral step downs – No knee flexion past 45 degrees
- Single leg heel raises
- Proprioceptive training – single leg standing balance, Double leg BAPS for weight shift,  
--Progress to single leg BAPS, Plyoback, and body blade
- Functional activities – Fitter, slide board
- Well-leg Theraband
- Hamstring curls 0-90 – progress gradually (may begin open-chain)
- Stationary bike for progressive resistance and time
- Treadmill – Backwards and forwards walking...Progress in speed and distance
- Elliptical trainer

- Pool therapy – unrestricted

**Goals:** Full ROM, Normal gait, Walk 2 miles at 15 min/mile pace without effusion/edema

#### **Phase V (Months 3 – 4)**

- No squatting >90 degrees**
- Continue appropriate previous exercises
- Gym program: gradually increase closed chain ROM and resistance
- Agility drills/carioca/lateral shuffle/light plyometrics/double hopping
- Full hamstring curls – Open/closed chain
- Treadmill – Begin speed walking to jogging program if normal gait
- Quad stretches
- Pool therapy – Plyometrics: hopping single leg, bounding, etc

**Goal** – Jog 2 miles at easy pace with normal gait and no increase in pain/edema/effusion

#### **Phase VI (Months 4 – 6)**

- Home/gym program
- Plyometrics progression
- Begin cutting/ sports specific drills
- Continue strengthening, stretching, proprioceptive training, and running

**Goals:** Functional tests at least 90% of opposite leg to clear for sports and discharge (single leg hop and 12 meter hop for time)

***No contact sports until 6 months post-op***