

# Meniscal Repair Protocol (Isolated Radial Lateral Meniscal Tear)

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This protocol is suitable for adults (>16 years) with primary, isolated repair of a radial lateral meniscal tear using all-inside fixation. Please consult with the attending surgeon to ensure no significant alterations to the protocol are required.

### Initial Precautions

Bracing is not required post-operatively.

Avoid full weight bearing or knee flexion >90° for 6/52.

Avoid full squatting and jogging for 12/52.

### 0- 6 Weeks

- Pain relief and swelling management (POLICE).
- Crutches: TTWB.
- Non-weight bearing knee ROM between 0-90°.
- TAQ's, SLR.
- Patella mobilisation (superior/inferior, medial/lateral).

### 6 - 12 Weeks

- Full, non-weight bearing ROM as tolerated.
- Crutches: progress to FWB (if no limp) as able.
- Static bike once able to fully rotate on pedals, gradually increasing resistance.
- CKC and OKC strengthening exercises, gradually increasing resistance.
- Double legged proprioceptive ex's (e.g. Bosu ball).
- Progress strength and proprioceptive ex's to single leg once FWB.

### 12 Weeks +

- Jogging/running if competent and no adverse reactions.
- Sitting on heels and deep squatting as comfort allows.

### 24 Weeks +

- Return to sports.

## References:

Choi NH, Kim TH, Son KM, Victoroff BN. Meniscal repair for radial tears of the midbody of the lateral meniscus. The American journal of sports medicine. 2010 Dec;38(12):2472-6.

O'Donnell K., et al, (2017). Rehabilitation protocols after isolate meniscal repair. A systematic review. The American Journal of Sports Medicine. Vol 45, No. 7.