

Meniscal Repair Protocol (Vertical Meniscal Tears)

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This protocol is suitable for adults (>18 years) with primary, isolated repair of a vertical meniscal tear (excluding radial tears) using all-inside or inside-out 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 2/52.

Avoid weight bearing knee flexion >90° for 6/52 and deep squatting for 12/52.

0- 2 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).

2 - 4 Weeks

- Full, non-weight bearing ROM as tolerated.
- Crutches: progress to FWB (if no limp) as able.
- If repair is in the white on white zone, PWB until 3/52.
- Static bike with no resistance once able to fully rotate on pedals.
- CKC <90° and OKC strengthening exercises.
- For lateral meniscal repairs, avoid open chain quadriceps until 3 weeks.
- Double legged proprioceptive ex's (e.g. Bosu ball).
- Progress strength and proprioceptive ex's to single leg once FWB.

4 - 8 Weeks

- Decrease repetitions and increase resistance for CKC and OKC ex's.
- Avoid weight bearing flexion beyond 90° until 6 weeks.
- Add resistance to static bike from 6 weeks.

8 Weeks +

- Jogging/running at 8 weeks if competent and no adverse reactions.

12 Weeks +

- Sitting on heels and deep squatting as comfort allows.
- Return to rotation/pivoting activities.
- Return to contact sports.

References:

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