



Indiana University Health

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Sports Medicine and Arthroscopic Surgery
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Knee Arthroscopy and Meniscus Repair

General Post Op Instructions

Wound Care	<ul style="list-style-type: none">✓ Dressings can be removed 2 days after surgery, or they can be removed at the first physical therapy appointment✓ If desired, incisions may be covered with simple dressings (band-aids)
Swelling	→ Swelling and bruising are to be expected after a surgical procedure
Ice and Elevate	<ul style="list-style-type: none">✓ Ice 20 minutes on 20 minutes off, several times a day to help with swelling✓ Do not place ice or cold back directly onto the skin✓ Elevate the limb above the heart when able
Showering	<ul style="list-style-type: none">→ Do not soak incisions in water until after stitches are removed→ You may begin to shower 2 days after surgery after dressings are removed<ul style="list-style-type: none">○ Allow soapy water to run over the incision but do not scrub○ Dry, apply band-aids if needed
Driving	<ul style="list-style-type: none">✓ Dr. Call does not release patients to drive at a specific date or week post op✓ It is unlawful to drive under the influence of opioid (strong pain) medications✓ Must be able to safely apply the brakes before returning to drive✓ Driving in a brace/sling/boot is not recommended

Weight Bearing Restrictions and Brace Use

	Medial or Lateral Meniscus Repair	Medial or Lateral Meniscus ROOT Repair
Week 1-2	<ul style="list-style-type: none">✓ Flatfoot weight bearing (only the leg weight on the ground) with brace✓ Brace locked in extension (to be removed for hygiene and PT)	<ul style="list-style-type: none">✓ Flatfoot weight bearing (only the leg weight on the ground) with brace✓ Brace locked in extension (to be removed for hygiene and PT)
Weeks 3-4	<ul style="list-style-type: none">✓ Flatfoot weight bearing (only the leg weight on the ground) with brace✓ Brace locked 0-90 degrees	<ul style="list-style-type: none">✓ Flatfoot weight bearing (only the leg weight on the ground) with brace✓ Brace locked in extension
Weeks 5-6	<ul style="list-style-type: none">✓ Progress to WBAT in brace✓ Brace unlocked	<ul style="list-style-type: none">✓ Flatfoot weight bearing (only the leg weight on the ground) with brace✓ Brace locked 0-90 degrees
Week 7-8	<ul style="list-style-type: none">✓ WBAT✓ DC brace when good quad control and normal gait	<ul style="list-style-type: none">✓ Progress to WBAT in brace✓ Brace unlocked (DC after week 8)



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Immediate Post Operative Phase (up to week 4)

Overall Goals	✓ Minimize pain ✓ Reduce edema and swelling
Cautions	→ No forced flexion past 90 degrees → Educate on brace use
Range of Motion	✓ PROM 0-90 degrees (no forced flexion past 90 degrees) ✓ After week 2: start AROM up to 90 degrees
Therapeutic Suggestions	→ Patellar mobs → Calf and Hamstring stretch → Ankle pumps → Heel slides → Quad sets- independently and with electrical stimulation if needed → Flexion leg raises & abduction/adduction/extension leg raises → Multi-angle quad isometrics → Clamshells for gluts and hip abductors → Active assisted knee flexion range of motion seated on the side of the table up to 90 degrees → At 2 weeks: add LAQs for quad 90-30 knee flexion → At 3 weeks may begin pool therapy in chest deep water: SLR flexion and abduction, walking forward, partial squats, heel raises, unilateral stance → At week 3 add weight shifts
Progression Ready to Next Phase	✓ Adequate quad recruitment ✓ Tolerating ROM <i>If not all goals are met, patient may progress to the next phase with intervention plan in place to address deficiencies</i>

Intermediate Rehabilitation Phase (Weeks 5 – 8)

Overall Goals	✓ Achieve AROM ✓ Progress WB (if allowed) ✓ Improve balance and proprioception
Cautions	→ Follow brace and WB restrictions (adjust therapeutic exercises to follow WB restrictions) → Continue to focus on quad recruitment and control
Range of Motion	✓ Progress AROM/PROM as tolerated to full ROM
Therapeutic Suggestions	→ Heel slides to increase range of motion → Bike – start with no resistance



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- Terminal knee extension with theraband resistance to start
- Progress straight leg raises (i.e. abduction/adduction/extension leg raises that were previously held)
- Minisquats 0-45 degrees
- Heel raises
- Cone walking for balance
- Progress weight used for LAQ
- Backward walking on treadmill with incline if needed to promote terminal quad control

Progression	✓ Stable gait pattern
Ready to	✓ ROM achieved
Next Phase	

Advance Strengthening Phase (Weeks 9 – 12)

Overall Goals	✓ Improve strength and endurance
Cautions	→ Meniscus Root repair patients will be a few weeks behind standard meniscus repair, adjust accordingly
Range of Motion	✓ ROM as tolerated
Therapeutic Suggestions	<ul style="list-style-type: none">→ Hamstring curls- begin standing or prone with cuff weight and progress to weight machines→ Bridges→ Multi-angle hip machine→ Leg press→ Leg extension machine 90-15 degrees→ Wall sits to 60 degrees→ Step ups in multiple planes→ Lateral touchdowns for eccentric control→ Theraband walking→ Smith Press squats to 60 degrees→ Minilunges→ Progress unilateral balance activities→ Elliptical machine→ Range of motion activities to progress to full range of motion
Progression	✓ ROM achieved
Ready to	✓ Tolerating exercises
Next Phase	✓ WB without assistive devices



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Late Rehabilitation and Strengthening Phase (Week 13 – 24)

Overall Goals	✓ Restore preoperative activity level
Cautions	→ Avoid return to sport specific activities until week 16
Range of Motion	✓ Full ROM as tolerated
Therapeutic Suggestions	→ Begin jogging → Plyometrics and jumping exercises → Core and trunk strengthening → All strengthening activities can be progressed as tolerated with a goal of increasing strength, power and endurance → Emphasis should be placed on functional and pre-sport activities
Progression Ready to Agility Training	✓ Full painless ROM ✓ Progressing with therapeutic exercises ✓ After week 16: add agility training
Return to Sports	✓ When preoperative activity level is achieved ✓ After week 20