

# CANTON-POTSDAM HOSPITAL

CARING BEYOND MEDICINE

Canton Physical Therapy  
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Web: [CPHospital.org](http://CPHospital.org)

## MENISCUS REPAIR

### Acute Phase

- ☛ Bed mobility, transfers
- ☛ Gait training – weight bearing as per MD specification on initial order
- ☛ Exercises:
  - a. Quad sets
  - b. Heel slides 0-90°
  - c. Straight leg raise
  - d. Ankle pumps

### *Postoperative Weeks 1-4*

#### Goals:

- ☛ Manage pain and swelling
- ☛ Knee ROM 0°-90° - first 4 weeks then full ROM
- ☛ Increased muscle strength and endurance
- ☛ Normalization of gait within healing and weight-bearing limitations

#### Intervention:

- ☛ Cryotherapy, heat and ice contrast, electrical stimulation
- ☛ Passive range of motion:
  - Hamstring stretches
  - Gastrocnemius-soleus stretches
- ☛ Supine wall slides or passive heel slides
- ☛ Isometrics:
  - Quad sets
  - Hip adductor sets
  - Hamstring sets
- ☛ Resistive exercises
  - Hip 4-way program, weight added distally as tolerated
  - Elastic tubing exercises
  - Gait training – weight bearing as per MD specifications
  - Low-resistance, moderate speed stationary cycling
  - Aquatic therapy
  
- ☛ Closed kinetic chain activities (initiate near end of phase)
  - Leg press machine
  - Partial squats
  - Heel raises

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- Standing terminal knee extension with tubing

## *Postoperative Weeks 5-11*

### **Goals:**

- ☛ Full ROM
- ☛ 90% - 100% lower extremity strength
- ☛ Normal gait and standing tolerance
- ☛ Progression to functional activities
- ☛ Prepare patient for discharge
- ☛ **Return to sports is anticipated to occur by 4 months post op. However if ACL reconstruction is performed at the same time, then return to sports will be anticipated at 6 months post op.**

### **Criteria for progression:**

- ☛ Minimal pain and swelling 4 to 6 weeks to allow sufficient healing
- ☛ Full weight bearing, normal gait mechanics once cleared by MD
- ☛ Good control of the lower extremity musculature

### **Intervention:**

- ☛ Continue resistive exercises:
  - Isotonics – hamstrings
  - Closed chain exercises:
    - ☛ Heel raises
    - ☛ Lateral step-up
    - ☛ Forward step up/down
    - ☛ Wall squats, knee flexion not past 90°
    - ☛ Mini-squats
    - ☛ Partial lunges
    - ☛ Progression in knee flexion ROM
  
- Balance activities, balance board, trampoline
- Elastic tubing activity – Hip 4-way
- Stationary cycling, modifying the workload parameters of speed, resistance and duration

## *Postoperative Weeks 12-18+*

### **Goals:**

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- ☛ Establish an ongoing training program
- ☛ Return to pre-injury activity or sport
- ☛ Appropriate performance functional and isokinetic tests as indicated for return to sport or activity

**Criteria for progression:**

- ☛ Tolerance to intermediate phase treatment
- ☛ Full ROM
- ☛ MMT normal
- ☛ Good closed-chain control in linear and multidirectional activity
- ☛ Treadmill 10 to 15 minutes at a pace of 7 to 8 miles per hour without adverse signs and symptoms

**Intervention:**

- ☛ Progression and continuation of exercises:
  - Depending on previous activity level and functional requirements, agility, sprinting and track running
  - Isokinetics – strength and endurance training
  - Stair stepping machine, cross-country ski machine or treadmill (**After 22 weeks**)

Reference:

Rehabilitation for the post surgical orthopedic patient, Lisa Maxey and Jim Magnusson, 2001, Mosby Inc.