LAKESHORE
BONE & JOINT INSTITUTE
ORTHOPEDIC EXCELLENCE. KEEPING YOU IN MOTION.

Neel P. Jain, MD
Orthopedic Surgery
Sports Medicine
Direct Line (219) 250 - 5038
Fax (219) 250 - 5238

Arthroscopic Meniscal Repair Protocol

Name _____ **Date** _____

Procedure _____

Procedure Date _____

Frequency 1 2 3 4 5 times/week **Duration** 1 2 3 4 5 6 weeks

FIRST THERAPY VISIT

- Therapy appointment should be scheduled for 3-5 days postoperatively.
- Goals of therapy visit include:
  - Surgical site evaluation (see below for instructions)
  - Brace/sling education and adjustment as needed
  - Review of therapy protocol, expectations, and plan
  - Initiation of early phase therapy ONLY if applicable (follow protocol as outlined below)
- Surgical site evaluation
  - Incisions are closed with one or combination of below methods
    - Staples
    - Nylon sutures (black sutures)
    - Monocryl sutures covered with steristrips or glue
    - Prineo dressing (clear adherent glue dressing)
  - Anytime the dressing is changed or examined, ***please wash hands*** prior with antibacterial soap.
  - There will be gauze and padding over the incisions and the extremity may be wrapped with an ACE wrap. The surgical dressing should be changed by the therapist using ***sterile*** technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips or glue dressing. DO NOT remove sutures or staples. The new dressing should include dry gauze and ACE wrap. Before the new dressing is applied the wounds should be clean and dry (without removing steri strips or glue dressing). Please do not use tegaderm unless it was used at the time of surgery or if specifically stated on the orders. If there are any concerns with the incisions or dressings, the therapist should call the office immediately – (219) 250-5038.
  - Unless otherwise instructed, incisions must remain dry for 7 days. They must be sealed off in the shower. The Prineo dressing/glue dressing is water resistant, and incisions covered by this dressing may get wet after 3-5 days. Once you are permitted to get the incisions wet, warm soapy water should *gently* rinse the surgical area. Do NOT scrub the area. Pat the area dry with a clean towel and keep free of lotions or creams. Do NOT soak in a pool, bath or hot tub until permitted by the surgeon's office. Please wear clean clothes following shower and be conscious of any pet hair or other contaminants near the surgical area. Do not apply any ointments or medications to the area.

*****Range of motion is an important progression of therapy, but limiting swelling is important. Respecting swelling will decrease pain and improve motion.*****

LAKESHORE
BONE & JOINT INSTITUTE
ORTHOPEDIC EXCELLENCE. KEEPING YOU IN MOTION.

Neel P. Jain, MD
Orthopedic Surgery
Sports Medicine
Direct Line (219) 250 - 5038
Fax (219) 250 - 5238

Location of repair: SEE OPERATIVE NOTE

- NWB for 4-6 weeks (**SEE END OF DICTATED OPERATIVE NOTE)**
- Weight bearing progression starts at end of NWB period and progresses per below per PT discretion
    - 25% brace locked, bilateral crutches
    - 50% brace locked, bilateral crutches
    - 75% brace open, bilateral crutches

Weeks 0-4:
- Non-weight bearing.
- Brace:
    - 0-2 weeks locked in full extension for ambulation and sleeping
    - May unlock brace to max of 90° per patients' tolerance at therapists discretion
    - Keep locked for ambulation
- Goal ROM: 0-90°
    - ROM beyond 90° begins at week 4-6 (when weight bearing progression begins)
- Therapeutic exercises: ankle pumps, heel props, quad sets, SLR, heel slides 0-90°, NWB hamstring/calf stretch, quad stimulation, patellar mobilization, scar mobilization once healed
- CPM: 0-90° 2-3x per day for 2 hours each session and increase 5-10° per day
    - Week 3 goal: 0-110° unloaded

Weeks 4-6:
- Weight bearing progression per MD
- Brace:
    - DC brace after independent SLR with no lag and after weight bearing restrictions are lifted (approx. 6 weeks)
- ROM: FULL
- Therapeutic exercises: continue as above

Weeks 6-12:
- Progress towards FWB without crutches, normalize gait pattern
- ROM: FULL
- Therapeutic exercises: stationary bike: ROM, ¼ squats, partial wall squats, TKE, Hip 4-way band, proprioception exercises, leg press (≤90 °)

Months 3-12:
- Full weight bearing
- Full ROM
- Progress quad strength, focus on single limb strength, light jogging with progression o running gradually
- 5-6 months begin sport specific drills
- **No weighted squats below 90° x 6 months**

LAKESHORE
BONE & JOINT INSTITUTE
ORTHOPEDIC EXCELLENCE. KEEPING YOU IN MOTION.

Neel P. Jain, MD
Orthopedic Surgery
Sports Medicine
Direct Line (219) 250 - 5038
Fax (219) 250 - 5238

Comments:

FCE _____ Work Conditioning/Work Hardening_____ Teach HEP_____

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature_____ **Date** _____