

Meniscus Root Repair

Physical Therapy Protocol



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Meniscal root attachments are extremely important to the function of the knee. Untreated root tears lead to rapid degeneration of knee cartilage. It is therefore crucial to protect the knee after meniscal root repairs. We perform repairs in young athletes after injuries and in middle-aged patients with mild degenerative changes. Both require 6 weeks of non-weight-bearing and slow progression into activities.

Phase I: Weeks 0-6

WEIGHT BEARING

- STRICT non-weight bearing for 6 weeks

RANGE OF MOTION

- AAROM → AROM for extension, PROM for knee flexion
- Weeks 0-4: Limited ROM – No flexion greater than 90°
- Weeks 4-6: Full ROM as tolerated – progress to flexion angles greater than 90°

THERAPEUTIC EXERCISES

Formal PT to start at 2-3 weeks

- Quad sets, passive heel slides, 4-way straight leg raises in brace, co-contractions
- Isometric abduction and adduction exercises
- Patellar mobilizations
- Prone and supine hangs to promote full knee extension
- At **4 weeks**: can begin protected supine wall slides – knee flexion angle less than 90°

Phase II: Weeks 7-11

Avoid squatting/flexion >90° in a deep weight bearing position

WEIGHT BEARING

- As tolerated – wean off crutches at 6-8 weeks when normal gait is achieved

RANGE OF MOTION

- Full active ROM

THERAPEUTIC EXERCISES

- Closed chain exercises: Lunges 0-60°, Leg press 0-90°, Total Gym 0-90°
- Proprioception exercises: weight shifting, balance exercises, plyoball toss
- May use the stationary bicycle with high seat/low resistance when flexion $\geq 110^\circ$
- May begin light hamstring strengthening at 8 weeks, body weight stiff leg deadlift
- Non-impact endurance training: Nordictrack, elliptical, deep water running at 8 weeks
- Swimming OK but no frog kicking

*If you have any problems or questions,
please call your doctor's office (8am-5pm).*

Answering service for after hours.

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Phase III: Weeks 12-16

At this point the protocol is more individualized. Some research suggests permanent squatting restrictions, especially in the older patient with less robust meniscal tissue. Even in the young athlete we prefer to avoid loaded squatting and sprinting for at least 4 months after surgery.

WEIGHT BEARING

- Full weight bearing with normal gait pattern and quad tone

RANGE OF MOTION

- Full/painless ROM should be achieved. Avoid posterior knee pain with end range knee flexion

THERAPEUTIC EXERCISES

- Progress with quad and hamstring strengthening
- Focus on single-leg strength; 4-way resisted band work/steamboats, balance board
- Begin low amplitude agility drills: side shuffle, skipping, carioca
- Plyometrics and sport-specific drills
- May consider light jogging in athletes, no sprinting

Phase IV: Months 4-6

Gradual return to full activity while monitoring for any pain, swelling, or post-activity soreness. We usually recommend a return to sport test such as a hop test prior to resuming sports. In certain cases, we recommend an unloader brace prior to resuming full activities.

- Maintenance program for strength and endurance
- Agility ladder drills
- Landing mechanics
- Cutting and pivoting drills
- Core strengthening and stabilization