Patient Name:

Patient Phone:

Surgery/DOS:

Surgeon: Dr. Catherine Logan

MENISCUS ROOT REPAIR REHABILITATION PROTOCOL

RESTRICTIONS:

NWB x 6 weeks. Brace 0-0 x 2 weeks. PROM 0-90 x 2 weeks, then full PROM. No active Hamstrings.

Stage I/early recovery: week 0 to 6
Protect surgical repair. Begin PT 3-5 days after surgery. PT 2 times per week.
Motion: Patella mobilizations, flexion/extension supine wall slides, extension mobs/manual therapy
Therapeutic exercise: Ankle pumps, Isometric quad sets → SLR with NMES, Glute sets (**No Hamstrings sets until** Phase II). Hamstrings stretch- seated towel
Cardio: Bike with well leg only

Stage II: week 7 to 10
Increase muscular endurance. PT 2 times per week.
Motion: Patella mobs, supine wall slides, seated AAROM, manual extension mobs/
Therapeutic exercise: Gait training. Weight shifts, Shallow squats, DL bridge, Reverse lunge holds, Open chain hip in supine/standing. Mobility/foam roller.
Cardio: Bike w/ both legs without resistance, Treadmill walking (add incline Week 9)

Stage III: week 11 to 16
Increase muscular strength. PT 1-2 times per week.
Motion: full
Therapeutic exercise: Double knee bends & TRX Assisted Squats → Balance squats; Double leg bridges → Bridge on ball; Reverse lunge hold; Open chain hip abd/ext with cord; Single leg deadlift; Mobility/foam roller program.
Cardio: Bike with with resistance, Elliptical (begin Week 12), Rower (Begin Week 12).

Stage IV: week 16+
Return to preferred activities/sport. PT 1 time/week → bi-weekly.
Incorporate sport-specific training. Agility: single plane @ Week 16 → multi-directional @ Week 20+
Running progression: begin flat, straight line → progress as tolerated
Cardio: bike, treadmill, elliptical, rower / recommend cross training

Note: Outdoor biking, hiking, snowshoeing will generally begin ~4-mos post-up.
Higher level activities, skiing, basketball, tennis, etc is allowed ~20 weeks after surgery

*Exercise Testing at the COSMO follow-up will ultimately determine readiness.

COSMO COLORADO SPORTS MEDICINE & ORTHOPAEDICS

Comments:

Modalities:

- ☐ Dry Needling
- ☐ Cupping
- ☐ Electrical Stim
- ☐ Soft tissue mobilization/Manual therapy/Graston
- ☐ Per treating therapist

Signature_____ **Date**_____