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Complex Knee, Shoulder and
Sports Medicine

Meniscal Root Repair Protocol

CPM Machine

- Start 0-30, progress 5 degrees per day as tolerated to 120 (4 hours per day, discontinue at 4 weeks post-op)

0-6 Weeks Post Op

Goals: crutch/brace education, pain and swelling control, range of motion, glute/quad/hamstring activation, progressive ROM to 120 by 6 weeks

- NWB x 6 weeks post-op
- Brace: _____ 0-90 degrees x ____ weeks **OR** _____ Full ROM as tolerated
- Pain/edema control, patella mobilizations if necessary
- No biking
- Quad/Hamstring Sets
- SLR in brace at 0° until quad can maintain knee locked
- BFR-Initiate after post op day 14

6-8 Weeks Post Op

- Discontinue t-scope brace after physician clearance at 6-week post-op visit
- Transition into unloader brace full time from weeks 6-12
- Begin weight bearing transition: 1 week on 2 crutches, then 1 week on 1 crutch
 - Gait training
- Regain any continued ROM deficits
- Stationary Bike with seat high
- Continue with exercises as above
- Leg extensions/curls: use high volume and light/no weight

8-12 Weeks Post Op

- **No pivoting, twisting, hopping, jumping, running**
- Non-impact cardio: swimming, cycling, elliptical (think rehab, not fitness)
- Progress open and closed chain strengthening without impact
 - Keeping above 90 degrees in all squatting movements until 3 months
- Single leg balance progressions



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12- 16 Weeks Post Op

- Increase progressive resistance exercises for strength
 - Progress into single leg and power focused exercises as tolerated
- If strength is appropriate, may begin the following at 14 weeks:
 - Plyometrics (if applicable) – double leg, then progress to single leg
 - Return to running progression
 - Use Alter G if available. Start at 50% BW, increase by 10% weekly as tolerated.
- Unloader brace can d/c for daily use. Only needed for higher level activities.

16-24 Weeks Post Op

- Sport specific drills
- Plyometrics for speed and power
- Clearance from physician prior to return to sport between 4 to 6 months