Meniscal Repair Rehabilitation

What is the meniscus?

The knee consists of two menisci, which are fibrocartilaginous discs that sit next to each other on top of the tibia. The main function of the meniscus is to absorb shock, distribute force, allow the femur and tibia to move smoothly relative to one another and provide functional knee stability.

What happens when I damage my meniscus?

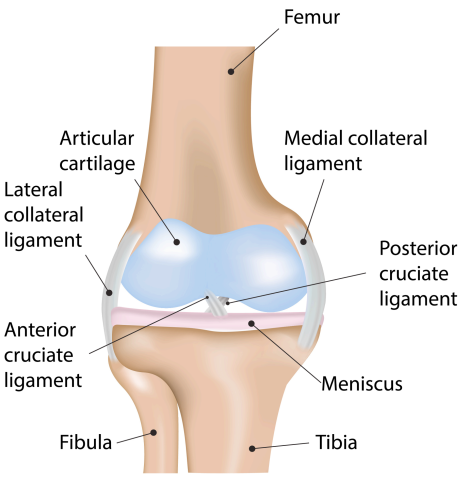
Meniscal tears can either be degenerative or traumatic. Degenerative tears often occur in the older population and may be asymptomatic. Traumatic meniscal tears often occur when the knee is bent and twisted on an anchored foot. The symptoms following a meniscal tear may vary depending on the type of tear sustained. Smaller tears may not cause too much pain whilst bigger tears may cause a click/ catch, instability and may even lock the knee, preventing full range of movement.

What should I expect after having a meniscal repair?

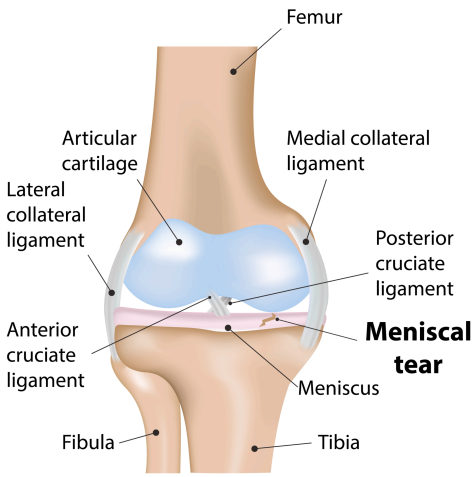
The aim of meniscal repair is to preserve the meniscus to lower the chances of osteoarthritis, however, not all meniscal tears are repairable. Rehabilitation following a meniscal repair may vary for each individual and will be guided by your surgeon, as it will depend on the type of surgery performed. You may be on crutches and placed in a brace for 2-6 weeks to allow the meniscal repair to heal. Your physiotherapist will work closely with you to gradually restore function and help you to return to your previous sports/hobbies. For more information please see outline below.

Meniscal Tear

Healthy Knee



Knee with a Torn Meniscus



GUIDELINES ON REHABILITATION TIMEFRAMES

Phase 1 Pre-operative management:
Minimise swelling, optimise muscle activation and range of motion

Phase 2 0 – 2 weeks:
Non-weight bearing, facilitate healing in brace, minimise swelling

Phase 3 2 - 12 weeks:
Improve range of motion, strength, balance & start walking 'normally' again

Phase 4 12 - 16Weeks:
Gradual return to running and increasing load with strength and balance

Phase 5 4 – 6 Months:
Increase in agility exercises and load on knee

Phase 6 6 – 12 Months:
Gradual return to sports

**Your physiotherapist will advise how timeframes vary depending on other injuries that may co-exist with your meniscal repair*

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GOALS – Targets throughout rehabilitation:

Your physiotherapist will explain each phase as you progress & goals you need to achieve

PHASES	GOALS	CRITERIA TO PROGRESS
Phase 1 Pre-Operative Management	Restore knee range of motion Maintain muscle bulk and activation Minimize swelling Maintain balance skills	Next step – Surgery (decided by your surgeon) Restoration of range of motion, good muscle activation and minimal swelling are generally considered favourable indicators for earlier surgical management.
Phase 2a 24-48hours Post-Op	Limit swelling Avoid aggravation of pain or swelling Appropriate wound care Appropriate medication	No signs of infection or knee instability
Phase 2b 0-2Weeks	Reduce swelling Restore quadriceps function No weight bearing No loaded squatting	Full knee extension (straightening) < 30° knee flexion (bending) Quadriceps activation ++ Quadriceps and hamstring strength 'good'
Phase 3 2-12Weeks	Eliminate swelling Maintain knee extension Progress knee flexion Week 3 – 4: Partial weight bearing Week 5 – 6: Full weight bearing Return to walking Progress balance and strength	Knee flexion: Week 4 – 60° Week 6 – 90° to full range Week 12 – Full range No swelling + other physiotherapy measures
Phase 4 12-16 Weeks	Full range of motion Return to jogging Gradual increases in load with squat and single leg load tolerance	Full squat Single leg squat Even stride patterns when running on treadmill 10-16km/hr + Other physiotherapy measures
Phase 5 4-6Months	Symmetrical force through both legs Improve non-weight bearing strength Improve landing force attenuation strategies on single limb Return to restricted agility/sports specific drills	To be discussed and explained by your physiotherapist
Phase 6 6-12Months	Able to equally absorb landings through both lower limbs Improved confidence with stability and high intensity change of direction activities Improved lower limb power and endurance Demonstrate of 'safe' biomechanics when performing high intensity plyometric exercises 12 months - return to sports	To be discussed and explained by your physiotherapist

We pride ourselves on providing high quality evidence based practice and are guided by the latest peer-reviewed scientific research. References are available upon request.