



| <b>Patient Name:</b>      | <b>DOB:</b>  | <b>Date of Surgery:</b><br><b>Type of Graft (circle one):</b> BTB   Quad   Hamstring   Post Tib<br>(circle one):       Autograft       Allograft<br><b>Type of Meniscal Repair (circle one)</b> Medial   Lateral<br>(circle one):   Standard   Bucket Handle   Root |
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| <b>TIME AFTER SURGERY</b> | <b>REHABILITATION</b>  | <b>NOTES</b>  |
| Week 1                    | PT frequency: Typically, 2 times per week starting immediately after surgery.<br>Wound care: At 2-3 days after surgery, the operative bandage should be removed. The patient may shower (without wound coverage). A bandaid or light dressing may be reapplied if the patient prefers but is not necessary.<br>Bracing: Hinged knee brace 0-90 degrees but locked in extension for ambulation/sleep<br>Weight bearing: TDWB with crutches x 6 weeks; continue brace<br>ROM: 0-90 degrees x 6 weeks<br>Pain and swelling management: modalities (ice, e-stim, etc.)<br>Exercises:<br><ul style="list-style-type: none"> <li>• 4-way patellar mobilizations</li> <li>• Passive and active knee extension to 0°</li> <li>• Heel slides/wall slides/short sitting active assisted</li> <li>• Ankle Pumps</li> <li>• Quad sets, Glute Sets</li> <li>• 3-way SLR</li> </ul> *Scar massage around incision after day 10<br><b>If medial repair, no adduction 6 weeks</b><br><b>If lateral repair, no abduction 6 weeks</b><br><b>*No isolated HS contractions</b> |   |
| Weeks 2-4                 | PT frequency: 1-2 x wk<br><b>May introduce blood flow restriction if available</b><br>ROM: 0-90 weeks 1-6<br>Weight bearing: TDWB with crutches, continue brace<br>Bracing: Hinged knee brace, locked in extension for ambulation/sleep<br>Exercises options to add:<br><ul style="list-style-type: none"> <li>• Add weight to SLR series (if no extension lag)</li> <li>• Stationary bike for ROM (starting week 4)</li> <li>• Multiple angle isometrics (40°, 60°, 90°) flex and ext</li> <li>• Hip strengthening</li> <li>• Core strengthening</li> <li>• Cardio: UBE</li> </ul> <b>If medial repair, no adduction 6 weeks</b>  |   |

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|  | <b>If lateral repair, no abduction 6 weeks</b><br><b>*No isolated hamstring contractions</b>   |  |
| Weeks 5-6                                      | PT frequency: 1-2 x wk<br>ROM: 0-90 weeks 1-6<br>Weight bearing: WBAT with brace, wean crutches then brace at 6 weeks<br>Criteria for unlocking brace 0-90 with ambulation: <ul style="list-style-type: none"> <li>• 5# SLR without extension lag or 5% of body weight if less than 100 lbs.</li> <li>• Non-antalgic gait</li> </ul> Discontinue brace at 6 weeks<br>Exercises options to add: <ul style="list-style-type: none"> <li>• Mini squats (0-40°)</li> <li>• Proprioception activities: S/L stance on a stable surface eyes open (once 30 sec progress to eyes closed, airex pad, rocker board and plyotoss)</li> <li>• Calf raises</li> <li>• Leg press 0-45°</li> <li>• Begin abduction/adduction SLR (whichever has not been added previously)</li> <li>• Gastroc/soleus and hamstring stretching</li> <li>• Front, lateral step-ups</li> <li>• Front, lateral lunges</li> <li>• Leg press unilateral eccentrics</li> <li>• T-band activities diagonal patterns</li> <li>• Bike for cardiovascular conditioning at 6 wks</li> </ul> |  |
| Weeks 7-16<br><br>Weeks 16+<br>Criteria to Run | *Begin isolated hamstring activities (progress as tolerated)<br>Exercise options to add: <ul style="list-style-type: none"> <li>• Leg press 0-90°</li> <li>• Long strides with plyocord</li> <li>• Slide board</li> <li>• Leg press body weight X 10 repetitions</li> <li>• Eccentric single leg press 75% body weight X 10 repetitions</li> <li>• Single leg squat <math>\geq 45^\circ</math> knee flexion X 10 repetitions without dynamic valgus</li> </ul>   |  |

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| Functional Activities | <p>Physical therapy 1-2x/week</p> <p>Exercise options to add:</p> <ul style="list-style-type: none"> <li>• Straight-line running</li> <li>• Plyometric leg press</li> <li>• Fitter</li> <li>• Isokinetic concentric/eccentric exercise 90-40 at speed: 120-240/sec</li> <li>• Functional activities (in functional brace if applicable): <ul style="list-style-type: none"> <li>- Running figure 8s</li> <li>- Cutting to half speed</li> <li>- Closed space agility drills</li> <li>- Dot hops</li> <li>- Lateral shuffles</li> <li>- Backward running</li> <li>- Cariocas</li> </ul> </li> </ul> <p>ROM goal: Full-pain free ROM as compared to non-involved knee</p> |                 |
| Functional Testing    | <p>Leg symmetry index <math>\geq 85\%</math></p> <ul style="list-style-type: none"> <li>• Single leg hop for distance</li> <li>• 6 m timed hop</li> <li>• Triple hop for distance</li> <li>• Crossover hop for distance</li> </ul> <p>Start sports specific activity program (SSAP)</p>   |                 |
| Discharge             | <p>Criteria:</p> <ul style="list-style-type: none"> <li>• Full pain-free ROM</li> <li>• No joint effusion</li> <li>• Non-antalgic gait</li> <li>• Good knee stability</li> <li>• Completed SSAP</li> <li>• Isokinetic test (as available): 90% of uninvolved leg; ham/quad ratio <math>\geq 90\%</math></li> <li>• LSI <math>\geq 90\%</math></li> <li>• Physician clearance</li> </ul>   |                 |
| 7-12 months           | <p>Final follow-up with physician</p> <ul style="list-style-type: none"> <li>• Functional re-test (LSI <math>\geq 85\%</math>)</li> </ul>   | Revised 7/19/23 |

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Date