KANSAS JOINT & SPINE SPECIALISTS
EXCEPTIONAL ORTHOPAEDIC CARE BEGINS HERE

Ryan Livermore, M.D.
10100 East Shannon Woods Circle
Suite 100
Wichita, KS 67226
(316) 219-8299

MENISCAL REPAIR

Post operative weeks 1-2

- **NWB x 2 weeks:** Brace locked in Extension
- **ROM: 0-90 x 4 weeks in PT**

Weeks 2-4

- **WBAT after week 2:** Brace locked in extension
- **ROM: 0-90 x 4 weeks in PT**

Weeks 4-6

- ROM: progress to full in PT: Brace locked in extension x 6 weeks

Weeks 6-14

Supervised PT – 3 times a week (may need to adjust based on insurance)

GOALS

- Restore full ROM
- Restore nml gait
- Demonstrate ability to ascend and descend 8-inch stairs with good leg control without pain
- Improve ADL endurance
- Independence in HEP\

PRECAUTIONS

- Avoid descending stairs reciprocally until adequate quad control and lower extremity alignment
- Avoid pain with therapeutic exercise and functional activities
- Avoid running and sports activities

TREATMENT STRATEGIES

- Progressive WBAT with brace opened to 0-60deg if good quad control (good quad set/ability to SLR without pain or lag). May use crutches/cane if needed
- Aquatic therapy if available – pool ambulation or underwater treadmill
- D/C crutches or cane when gait is non-antalgic
- D/C brace and use patellar sleeve when non-antalgic gait with brace 0-60 and quad control adequate as determined by therapist

- AAROM exercises
- Patellar mobilization
- SLR's in all planes with weights
- Proximal PREs
- Neuromuscular training (bilateral to unilateral support)
- Balance apparatus, foam surface, perturbations
- Short crank stationary bike
- Standard stationary bike (when knee ROM >115)
- Leg press – bilateral/eccentric/unilateral progression
- Squat program (PRE) 0-60deg
- Open chain quad isotonics (pain-free arc of motion)
- Initiate step-up and step-down programs
- StairMaster
- Retrograde treadmill ambulation
- Quad stretching
- Elliptical machine
- Forward Step-Down Test
- Upper extremity cardiovascular exercises as tolerated
- Cryotherapy
- Emphasize patient compliance to HEP

CRITERIA FOR ADVANCEMENT

- ROM to WNL
- Ability to descend 8-inch stairs with good leg control w/o pain
- Add water exercises if desired (and all incisions are closed and sutures out)

Weeks 14-22

GOALS

- Demonstrate ability to run pain-free
- Maximize strength and flexibility as to meet demands of ADL
- Hop test >85% limb symmetry
- Isokinetic test >85% limb symmetry
- Lack of apprehension with sport-specific movements
- Flexibility to accepted levels of sport performance
- Independence with gym program for maintenance and progression of therapeutic exercise program at discharge

PRECAUTIONS

- Avoid pain with therapeutic exercise and functional activities
- Avoid sports activities until adequate strength development

TREATMENT STRATEGIES

- Progress squat program <90-degree flexion
- Lunges
- Start forward running (treadmill) program at 4 months postop if 8-inch step down satisfactory
- Cont. LE strengthening and flexibility programs
- Agility program/sport-specific (sports cord)
- Start plyometric program when strength base is sufficient
- Isotonic knee flexion/extension (pain and crepitus-free arc)
- Isokinetic training (fast to moderate to slow velocities)
- Functional testing (hop test)
- Isokinetic testing
- HEP

CRITERIA FOR DISCHARGE

- Symptom-free running and sport-specific agility
- Hop test >85% limb symmetry
- Isokinetic test >85% limb symmetry
- Lack of apprehension with sport specific movements
- Flexibility to acceptable levels of sport performance
- Independence with gym program for maintenance and progression of therapeutic exercise program at discharge

This is strictly an outline of most of the major exercises that we would like to incorporate into the patellofemoral rehabilitation. Not all exercises need to be done. Two main goals are that appropriate progress is made on a weekly basis, and that communication exists between patient, therapist and doctor.