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Meniscus Root Repair Protocol:

Meniscal root repair protocol: The patient underwent a (MMPRR Medial / LMPRR Lateral) Meniscus Posterior Root Repair via a transtibial button technique. The patient will be non-weight bearing for a minimum of 6 weeks, but the patient will be allowed to place their foot flat on the floor. After 6 weeks they will be transitioned to full weightbearing. They initially will be in a hinged knee brace locked at 0°, 2 to 3 times a day gentle knee range of motion can be performed while in the brace but should not exceed 90°. At the first postoperative visit a CPM will be ordered and will be utilized for 8 hours every day for the next 5wks. ROM will initially be set at 0-45 degrees with incremental increases over the next 3 days to achieve a maximum of 0-90. Range of motion will remain at 0-90° for 6 weeks after which full range of motion will be implemented. The patient is to remain in a hinged knee brace for the first 6 weeks except when in the CPM. The pt is to sleep with post-op brace locked at 0 degrees extension for the 1st 4 weeks to maintain full extension unless using the CPM at night. The pt should perform patellar mobs every day in addition to quad isometrics, straight leg raises and ankle pumps. Deep squatting is avoided for 4 months. If the patient underwent a MMPRR and has a varus knee alignment, then a medial unloader brace is prescribed beginning at 6 weeks postop and should be worn for the next 4-6 months with any activity. If the patient underwent a LMPRR and has a valgus knee alignment, then a lateral unloader brace is prescribed beginning at 6 weeks postop and should be worn for the next 4-6 months with any activity. Full activity resumption is anticipated by 4 months.