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POST-OPERATIVE INSTRUCTIONS: MENISCAL REPAIR

Diagnosis: (Left) / (Right) Arthroscopic (Medial) / (Lateral) Meniscal Repair _____

Phase I (~Weeks 0-4) *Emphasis = Pain Reduction, Edema Control, Motion & Quad Strength*

- ROM: Non weight-bearing ROM = 0-90 by day 7, 0-120 by day 14, 0-135 by day 28
- WEIGHTBEARING: Weight Bearing as tolerated with knee locked in extension (x 6 weeks)
- MODALITIES: Cryotherapy & EMS to quads.
- EXERCISES: PROM, gentle AAROM.
Quad, hamstring, and glut isometrics. Begin Closed Chain Exercises
Straight leg raises in all directions - add ankle weight resistance as tolerated.
Begin nautilus strengthening when SLR resistance 10% BW.
Initiate Core Strengthening exercises, Gluteus strengthening. Ankle pumps.

Phase II (~Weeks 4-12)

- ROM: Expected to be full, at least 120°. ● MODALITIES: Cryotherapy.
EMS to quads as indicated.
Pain modification as indicated.
- WEIGHTBEARING: Weight Bearing as tolerated with knee locked in extension (x 6 weeks)
Brace is discontinued at 6 weeks post-op
No squatting of operative knee beyond 90° for 6 months
- EXERCISES: Stationary bike AAROM/Aerobic conditioning. Elliptical. Stairmaster.
Nautilus knee extension, flexion and 4-way hip or SLR, leg press.
Closed chain exercises.
Utilize dumbbell weights to increase body weight resistance.
Balance/coordination activities.
Begin light jogging in straight path at 3 months.
- STRENGTH TESTING: Isokinetic strength testing at 180°, 240°, 300°/sec at 10-15-20 reps at Weeks 8 and 12 **when ordered**.

PHASE III (~Months 4-6)

- ROM: Full. ● MODALITIES: Cryotherapy.
- WEIGHTBEARING: Full. No squatting of operative knee beyond 90° until after 6 mo. Post op
- STRENGTH TESTING: Continue testing until patient achieves tq/bw goals.
- EXERCISES: Begin plyometric program. Cont. Nautilus, Elliptical, Biking, Stairmaster
Begin light jogging. Continue Closed Chain and balance activities.
Sport specific function progression.
- RETURN TO SPORT: 6 Months for turning/twisting/cutting sports, & completion of final progression

Please call with questions & send progress notes

Physician: _____

Signature: _____