Introduction

• The ideal meniscal repair post-operative physical therapy protocol is unknown.

• A number of investigations have attempted to determine the best-practice components of meniscal repair rehabilitation, particularly regarding post-operative range of motion (ROM) and weight bearing.

• There is a growing body of healthcare-related content online that is accessible to patients, but of unknown quality.

Purpose

• To assess the quality and variability found across meniscal repair rehabilitation protocols available online.

Hypothesis

• There will be substantial variability in the composition and timing of rehabilitation components across available protocols.

Methods

• Meniscal repair physical therapy protocols from a possible 155 academic orthopedic surgery programs were reviewed.

• The first 10 protocols identified by the Google search engine for the term “meniscal repair physical therapy protocol” were also included.

• Exclusion criteria included concomitant injuries, pediatric protocols, and protocols lacking sufficient detail.

• A total of 30 protocols were assessed.

• A custom scoring rubric was created to assess each protocol for the presence or absence of various rehabilitation components as well as their timing.

Results

Bracing: 26 (86.6%) protocols recommended a knee immobilizer for an average 5.0 wks (range, 3-8).

Range of Motion: 26 (86.6%) protocols provided ROM guidelines (Figure 1).

Weight Bearing: 28 (93.3%) protocols provided weight bearing guidelines (Figure 1).

Strengthening: Figures 2A and 2B

Return to Activity: Figures 3A and 3B

Results (cont)

Return to Sports:

• 15 (50.0%) protocols recommended “sport specific” drills at an average 12.7 wks.

• 16 (53.3%) protocols allowed return to play at an average 18.1 wks.

• 2 (6.7%) protocol allowed return to competition at 24 wks.

Progression Criteria: 5 (16.7%) protocols employed functional testing as a marker for returning to activities. Tests included the single leg hop test and comparison of isokinetic quadriceps strength.

Conclusions

• A minority of academic programs publish meniscal repair physical therapy protocols online.

• Available protocols have significant variability across all components reflecting a lack of consensus regarding the best-practice components of rehabilitation.

• Such disparities can lead to confusion among patients, therapists, and surgeons resulting in longer recovery times and inferior results.

• As in other areas of post-operative rehabilitation, this represents a significant opportunity for improvement through protocol standardization and consensus.