Evidence based rehabilitation after meniscus repair

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Knee pain and mobility impairments associated with meniscal and articular cartilage tears can be the result of a contact or noncontact incident and can result in damage to more structures. Clinicians should assess for impairments in range of motion, motor control, strength, and endurance of the limb associated with the identified meniscal or articular cartilage pathology following meniscal or chondral surgery.

Interventions –

Clinicians may utilize early progressive knee motion following knee meniscal and articular cartilage surgery. There are conflicting opinions regarding the best use of progressive weight bearing for patients with meniscal repairs or chondral lesions. Clinicians may utilize early progressive return to activity following knee meniscal repair surgery. Clinicians may need to delay return to activity depending on the type of articular cartilage surgery. There are conflicting opinions regarding the best use of clinic-based programs for patients following arthroscopic meniscectomy to increase quadriceps strength and functional performance. Clinicians should consider strength training and functional exercise to increase quadriceps and hamstrings strength, quadriceps endurance, and functional performance following meniscectomy. Neuromuscular electrical stimulation can be used with patients following meniscal or chondral injuries to increase quadriceps muscle strength.

Assessment of Outcomes

Clinicians should use a validated patient-reported outcome measure, a general health questionnaire, and a validated activity scale for patients with knee pain and mobility impairments. These tools are useful for identifying a patient’s baseline status relative to pain, function, and disability and for monitoring changes in the patient’s status throughout the course of treatment.

Clinicians should utilize easily reproducible physical performance measures, such as single-limb hop tests, 6-minute walk test, or timed up-and-go test, to assess activity limitation and participation restrictions associated with their patient’s knee pain or mobility impairments and to assess the changes in the patient’s level of function over the episode of care.