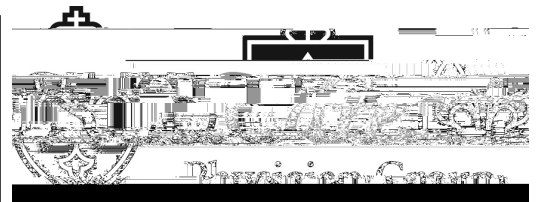


Saint Louis University SSM Health Physical Therapy Orthopedic Residency  
in Collaboration with SLUCare Physicians



These guidelines, treatments, and milestones have been established to assist in guiding rehabilitation of patients.

<p>When implementing the below guidelines for rehabilitation of meniscal repairs with concomitant procedures, consider the following:</p> <ul style="list-style-type: none"> <li>o With ACL reconstruction: <ul style="list-style-type: none"> <li>Promote protection of the ACL graft by limiting excessive anterior tibial translation</li> </ul> </li> <li>o With ACL and MCL repair: <ul style="list-style-type: none"> <li>Limit excessive anterior tibial translation</li> <li>Avoid aggressive posterior tibial translation</li> <li>Use of the Soreness Rules</li> </ul> </li> </ul> <p><sup>6</sup>when determining exercise progression</p>	<p>No loaded knee flexion beyond 45° until week 5<sup>3</sup></p> <p>No loaded knee flexion beyond 90° until week 8</p> <p>No forced knee hyperextension if anterior horn repair</p> <p>No forced knee flexion if posterior horn repair</p> <p>Avoid OKC exercise from 0-30° and CKC exercise from 90-120° if patient shows signs/symptoms of patellofemoral irritation<sup>4,5</sup></p>	<p>Shorter meniscus healing time if concomitant cruciate repair<sup>7,8</sup></p> <p>Biopsychosocial factors such as pain catastrophizing, fear-avoidance behavior, and exercise self-efficacy</p>







