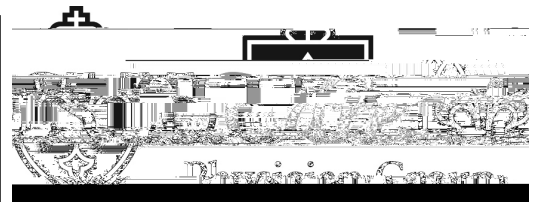


Saint Louis University SSM Health Physical Therapy Orthopedic Residency
in Collaboration with SLUCare Physicians



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"> o With ACL reconstruction: <ul style="list-style-type: none"> Promote protection of the ACL graft by limiting excessive anterior tibial translation o With ACL and MCL repair: <ul style="list-style-type: none"> Limit excessive anterior tibial translation Avoid aggressive posterior tibial translation Use of the Soreness Rules <p>⁶when determining exercise progression</p>	<p>No loaded knee flexion beyond 45° until week 5³</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^{4,5}</p>	<p>Shorter meniscus healing time if concomitant cruciate repair^{7,8}</p> <p>Biopsychosocial factors such as pain catastrophizing, fear-avoidance behavior, and exercise self-efficacy</p>



