**Mr Rob Gilbert**

**PHASE 1 – Week 1-2**

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| **Week** | **Exercise** | **Goals** |
| 1-2 | **ROM**0°-90° ROM exsPatellar mobsAnkle pumpsGastroc/soleus stretchHamstring/ITB stretchProne hangs/heel props**STRENGTH**Static QsSLRsHip strengthening**WEIGHT BEARING**PWB  | Control pain and inflammation - iceAdequate quad/VMO contractionIndependent HEPPWB ROM 0° - 90° |

**PHASE 2 – Weeks 2-6**

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| **Week** | **Exercise** | **Goals** |
| 2-6 | **ROM**ROM exs 0°- 90˚Patellar mobsGastroc/soleus stretchHamstring/ITB stretchProne hangs/heel props as neededHeel/wall slides to reach goal**STRENGTH**Static QsSLR with ankle weightsVMOKnee extension 90˚ - 30˚**WEIGHT BEARING**PWB | Control pain and inflammation – iceAdequate quad/VMO contractionIndependent HEPPWB ROM 0°- 90°  |

**PHASE 3 – Weeks 6-12**

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| **Week** | **Exercise** | **Goals** |
| 6-12 | **ROM**Full ROM exsGastroc/soleus stretchHamstring/quad/ITB stretchProne hangs/heel props as neededPatellar mobs if required**STRENGTH**Exs bike/cross trainer/rowerWall squats/mini squatsKnee extension (90°-30°)Hamstring CurlsLeg pressStep upsHeel raises/toe raisesLunges**BALANCE TRAINING**Single leg balanceWobble board/cushionBosu**WEIGHT BEARING**FWB | Control pain and inflammationFWBIncrease lower extremity strength and enduranceEnhance proprioception, balance and co-ordinationComplete readiness for sport specific activityRecover full ROM |

**PHASE 4- Weeks 12-36**

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| **Week** | **Exercise** | **Goal** |
| 12-36 | **ROM**Continue stretches**STRENGTH**Continue and progress strengthening (allow full squats)Swimming**RUNNING PROGRAMME**Treadmill running Progress to outdoor running**CUTTING PROGRAMME**Lateral shuffleFigure 8sCariocas**FUNCTIONAL TRAINING**Initiate light plyometrics and progress as ableSport specific drills | Enhance neuromuscular controlProgress skill trainingPerform controlled sport specific activity and progress to unrestricted sporting activityAchieve maximal strength and endurance |

**Return to Driving** – patient must be fully weight-bearing and have the ability and control to perform an emergency stop

**Return to Sport** – to safely and most efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility and endurance. Return to intense activities such as impact loading, jogging, deep knee flexion, or pivoting and shifting early post-operatively **may increase the overall chance of a repeat meniscal tear. No deep squats until at least 12 weeks.**

**Dependent upon the location and size of the repair, weight bearing status post-operatively as well as the intensity and time frame of functional activities may vary. The protocol is divided into phases. Each phase is adaptable based on the individual patient.**