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The Impact of Free or Restricted Rehabilitation After Meniscus Repair. A Prospective Randomized Clinical Trial.

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Summary:

Outcome after free or restricted rehabilitation after meniscus repair a RCT study.

Abstract:

Objective:

The optimal rehabilitation after meniscus repair has not been established. No controlled trials exist in the literature and numerous regimes have been suggested as benefial for meniscus healing. The purpose of this study was to investigate the outcome of meniscus repair with an either free or restricted rehabilitation regimen in a prospective randomized controlled clinical trial.

Methods:

60 patients were included in the trial. Patients were included into the trial within 4 days postoperatively if meniscus repair was performed during an arthroscopy procedure. Only vertical meniscus lesions close to capsule was repaired. Meniscus repair was performed with all-inside technique using Fast-Fix or Meniscus Arrow implants. No patients with concomitant ligament reconstruction or cartilage repair surgery were included in the study. 33 patients and 27 patients were randomized to free and restricted rehabilitation respectively. Free rehabilitation consisted of 2 weeks in brace 0-90 degrees and touch weight bearing, where after free rehabilitation was allowed. Restricted rehabilitation consisted of 6 weeks in brace with gradual range of motion increase to 90 degrees and only touch weight bearing during the 6 weeks. Patients were seen for follow-up at 3, 12, 24 months. Any patients with continuous joint line pain at 3 months had MRI and subsequent arthroscopy to evaluate healing of

the repaired meniscus. At follow-up visits, patients were evaluated by Knee Osteoarthritis Outcome Score (KOOS), Tegner Score, pain

assessment and patient satisfaction. Data from the present study are results after 1-year follow-up.

Results:

Six patients were lost to follow-up. Re-arthroscopy in patients with continuous symptoms demonstrated partial healing or lack of healing in 33 % and 24 % of patients in the restricted and free rehabilitation groups respectively. KOOS score was similar between groups (Figure 1). Also Tegner score and patient satisfaction was similar between groups.

Conclusions:

Free rehabilitation after meniscus repair is safe with a tendency to better healing rates than after restrited rehabilitation. Functional outcome at one year was not affected by rehabilitation regimen. An overall lack of healing of 28 % for patients with isolated meniscus lesions is a concern.