Standard Meniscus Repair Rehabilitation Protocol

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This protocol provides general guidelines for rehabilitation following standard meniscus repair. Progression should be individualized based on the procedure, healing, and patient response, with modifications as directed by the surgeon. Individual patient circumstances may affect the protocol (tear configuration, fixation used, associated procedures, etc.).

Phase	Goals	Precautions / Restrictions	Treatment

Weeks 0 – 4	● **Protect surgical site**
	● Active ROM: 0-90 degree
	● Reduce muscle atrophy
	● Reduce swelling
	● Decrease pain and inflammation
		● ROM: **0-90 degrees**
		● PWB with the knee in full extension using crutches
		● Immobilizer **must be on at all times when walking**
			General guidelines
			● PRICE
			  ● Cryotherapy: 5-7 times per day
			  ● Compression with TubiGrip/TEDS
			● ROM (limited to **0-90 deg**):
			  ● Heel slides
			  ● Prone knee hangs/Supine knee extension with towel under ankle
			  ● Patella mobilizations
			● Quadriceps recruitment
			● Global LE isometric/proximal hip strengthening
			● Gait training with crutches
			Initial Visit
			● FOTO, LEFS

Weeks 4 – 8	● Discontinue knee immobilizer
	● Full ROM
	● Reduce atrophy/progress strengthening
	● Reduce swelling
	● **Normalize gait**
	● SLR without extensor lag
		● Progress to WBAT (wean crutches)
		● **No loading at knee flexion angles >90 degrees (16 weeks)**
		● **No jogging or sport activity**
		● **Avoid painful activities/exercises**
			General guidelines
			● ROM: as tolerated
			● Gait training from WBAT to independent
			● Core stabilization exercises
			● Neuromuscular re-education
			● Global LE strengthening
			  ● Limit deep knee flexion angles **>90 degrees**
			  ● Begin functional strengthening exercises (bridge, mini-squat, step up, etc)
			● Double limb and single limb balance/proprioception
			● Aerobic training:
			  ● Walking program when walking with **normal gait mechanics**
			  ● Stationary bike
			Week 6
			● FOTO, LEFS

Weeks 8 – 16	● **No effusion** ● Full ROM ● Increase functional LE strength ● Return to activity as tolerated ● Initiate return to running program	● **No loading at knee flexion angles >90 degrees (16 weeks)** ● **Avoid painful activities/exercises** ● **No running until week 12 and cleared by surgeon**	**General guidelines** ● Aerobic training ● Begin **non-impact aerobic training (elliptical / stairmaster)** ● Increase loading capacity for lower extremity strengthening exercises ● Continue balance/proprioceptive training

Phase	Goals	Precautions / Restrictions	Treatment
	● Initiate basic plyometrics	● **No jogging on painful or swollen knee** ● **No plyometric exercises until week 14 and cleared by surgeon**	**Week 12** ● begin return to running program ● FOTO, LEFS **Week 14** ● begin low level plyometric and agility training
Weeks 16+	● Full ROM ● Functional strengthening ● Return to sport/activity	● Return to sport 4-8 months post-op **with surgeon approval**	**General guidelines** ● Gradually increase lifting loads focusing on form, control, and tissue tolerance ● Progress as tolerated: ROM, Strength, Endurance, Proprioception/Balance, agility, Sport specific skills **Week 24** ● FOTO, LEFS