Rehabilitation Protocol: Arthroscopic Meniscus Repair

Name: ___________________________________________ Date: __________________________

Diagnosis: ___________________________________________ Date of Surgery: ____________

☐ Phase I (Weeks 0-6)
  • Weightbearing:
    o Partial weight bearing (25%) as tolerated with brace locked in extension (Weeks 0-4)
    o Partial weight bearing (50%) as tolerated with brace unlocked (Weeks 5-6)
  • Hinged Knee Brace: worn for 6 weeks post-op
    o Locked in full extension for ambulation and sleeping – remove for hygiene and PT
  • Range of Motion: AAROM → AROM as tolerated
    o Weeks 0-4: No flexion greater than 90°
    o Weeks 4-6: Full ROM as tolerated – progress to flexion angles greater than 90°
  • Therapeutic Exercises
    o Quad/Hamstring sets, heel slides, straight leg raises, co-contractions
    o Isometric abduction and adduction exercises
    o Patellar Mobilizations
    o At 6 weeks: can begin partial wall-sits – keep knee flexion angle less than 90°

☐ Phase II (Weeks 6-12)
  • Weightbearing: As tolerated – discontinue crutches
  • Hinged Knee Brace: Discontinue when patient has achieved full extension with no extension lag
  • Range of Motion: Full active ROM
  • Therapeutic Exercises
    o Closed chain extension exercises, Hamstring strengthening
    o Leg press – 0-90°
    o Proprioception exercises
    o Begin use of the stationary bicycle

☐ Phase III (Weeks 12-16)
  • Weightbearing: Full weightbearing with normal gait pattern
  • Range of Motion: Full/Painless ROM
    o No Deep knee bends for 4 months
  • Therapeutic Exercises
    o Continue with quad and hamstring strengthening
    o Focus on single-leg strength
    o Begin jogging/running
    o Plyometrics and sport-specific drills

☐ Phase IV (Months 4-6)
  • Gradual return to athletic activity as tolerated
  • Maintenance program for strength and endurance

Comments: Patients should avoid tibial rotation for 4-6 weeks post-op

Frequency: _____ times per week   Duration: ______ weeks

Signature: ___________________________________________ Date: __________________________