

This rehabilitation program is designed to return the individual to their full activities as quickly and safely as possible, following a meniscus repair. Modifications to this guideline may be necessary dependent on physician specific instruction or other procedures performed. This evidence-based meniscus repair guideline is criterion-based; time frames and visits in each phase will vary depending on many factors. The therapist may modify the program appropriately depending on the individual's goals for activity following a meniscus repair.

This guideline is intended to provide the treating clinician a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient's post-operative care based on exam/treatment findings, individual progress, and/or the presence of concomitant procedures or post-operative complications. If the clinician should have questions regarding post-operative progression, they should contact the referring physician.

**Precautions:**

- Progression will depend on location, size and stability of repair, also age of patient and joint integrity.
- weight -bearing:
  - TTWB x 6 weeks
  - WBAT after 6 weeks
- No isolated hamstring strengthening for 6 weeks
- Bracing or immobilization as directed by MD

**\*May consider accelerated WB progression:**

- First 2 weeks: 25-50% WB as tolerated (for peripheral tears; TTWB for complex tears)
- Week 3-4: 50-75%
- Week 5-6: FWB by end of week 6

Phase	Suggested Interventions	Goals/Milestones for Progression
Preoperative:	PT for manual therapy to improve ROM, therapeutic exercises to improve functional strength, modalities to control pain and inflammation, educate patient on upcoming surgery and beginning post-op exercises.	Instruct items as needed to address current deficit.
Phase I  Date of Surgery – 6 Weeks	<p><i>Avoid: twisting, deep squatting, stooping, and active hamstring curls</i></p> <p><i>Therapy:</i> <i>First 2 weeks</i></p> <ul style="list-style-type: none"> <li>• Ice and modalities</li> <li>• Passive and AAROM 0-90 degrees – no active knee flexion, no biking</li> <li>• Patellar mobilization</li> <li>• Gait training</li> </ul>	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> <li>1. decrease pain and swelling.</li> <li>2. PROM from full knee extension equal to opposite knee to 90 degrees flexion by week 2</li> <li>3. AROM 0-90 degrees by week 6</li> <li>4. Good VMO activation, SLR with full knee extension</li> </ol>

<p>ROM guidelines:</p> <p>-gradually increase PROM</p> <p>-Week 2: 0-105/110</p> <p>-Week 3: 0-115/120</p> <p>-Week 4: 0-125/135</p>	<ul style="list-style-type: none"> <li>• Quad sets (with NMES if needed)</li> <li>• SLR 4 directions</li> <li>• Hamstring and calf stretches</li> </ul> <p>Weeks 3-6</p> <ul style="list-style-type: none"> <li>• Progress to AROM (0-90 degrees)</li> <li>• Clamshells</li> <li>• Closed chain exercise depending on weight-bearing status</li> <li>• Weight shifting</li> <li>• Mini squats (0-45 degrees)</li> <li>• Trunk/core stabilization (no planks)</li> <li>• Multi angle quad isometrics</li> </ul> <p>Week 5-6:</p> <ul style="list-style-type: none"> <li>• If patient tolerated accelerated WB progression, then they may begin dynamic balance training such as cup walking</li> <li>• Proprioception training(double leg) tramp, balance board, BOSU or rocker board – NO twisting, pivoting</li> <li>• Squats on rocker board</li> <li>• Closed kinetic chain Wall squats</li> </ul>	<p>5. PROM 0-125 degrees of flexion by week 6</p> <p><i>Criteria to Advance to Next Phase:</i></p> <ol style="list-style-type: none"> <li>1. Ambulate without assistive device with minimal deviations</li> <li>2. Reduce post-op swelling and inflammation to no/trace effusion</li> <li>3. Active SLR without extensor lag</li> </ol>
<p>Phase II</p> <p>Weeks 6-10</p>	<p><i>Avoid: twisting, pivoting, running, and deep squatting)</i></p> <p><i>Therapy:</i></p> <ul style="list-style-type: none"> <li>• Weight-bearing advancement as tolerated</li> <li>• Stationary bike, elliptical, treadmill</li> <li>• Light resisted open chain knee extension (SAQ)</li> <li>• Closed chain exercises (0-60 degrees): mini squats (not deep), forward and lateral step ups (4-6 inches), leg press, lunges, calf raises, wall squats</li> <li>• Light resisted hamstring curls</li> <li>• Initiate planks for core strength/stabilization</li> <li>• Level ground walking</li> <li>• Balance: cup walking, squats on rocker board/BOSU</li> <li>• Pool program</li> </ul>	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> <li>1. AROM 0-135 degrees</li> <li>2. Ambulate without crutches or brace with normal gait</li> <li>3. Ambulate up/down stairs pain free.</li> <li>4. Improve strength and endurance</li> <li>5. Normal single leg stance without valgus or hip medial rotation</li> </ol>

<p>Phase III</p> <p>Weeks 11 – 16</p>	<p><i>Therapy:</i> Progress closed- and open-chained quad strengthening (0-90 degrees) as appropriate pending procedure/MD.</p> <ul style="list-style-type: none"> <li>• Squat progressions (rocker, BOSU)</li> <li>• Lateral dips and forward lunges</li> <li>• Forward step-downs</li> <li>• Heel raises</li> </ul> <p>Low-impact conditioning up to week 12 (walking, elliptical) Low grade/level ground plyometrics at week 12 Straight line running progressing ½ speed to ¾ speed at week 12 Continue progressing balance training and isotonic strengthening program. End of stage: Nordic hamstring curls</p>	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> <li>1. Full AROM</li> <li>2. Pain-free ADLs with normal gait</li> <li>3. Normal gluteal/hip strength</li> <li>4. Quad strength 80% of contralateral limb</li> </ol>
<p>Phase IV</p> <p>Months 4-6</p>	<p><i>Therapy:</i> Progress strengthening program Add sport-specific training, running, agility, plyometrics (as cleared by MD) Low-grade, level ground plyometrics</p> <ul style="list-style-type: none"> <li>• Double limb jump (around 4 months)</li> <li>• Single leg hop/deceleration</li> <li>• Initiate cutting and pivoting (4-5 months)</li> <li>• Agility (ladder, cones) and sport-specific</li> <li>• Deep squatting permitted at 4 months</li> </ul> <p>*Above activities may be delayed to 5-7 months with complex tears. With estimated RTS at 6 months for peripheral tears and approximately 7-8 months for complex tears. Up to a year if combined with ACL reconstruction.</p> <p>Pt should demonstrate proper shock absorption and control of dynamic valgus stress at knee with all activities.</p>	<p><i>Goals of Phase:</i></p> <ol style="list-style-type: none"> <li>1. Return to full activity</li> <li>2. Quads and gluteals within 10% contralateral limb</li> <li>3. No pain/instability with sport-specific skills</li> </ol> <p><i>Criteria to Return to Play:</i></p> <ol style="list-style-type: none"> <li>1. Goals met</li> <li>2. Physician clearance.</li> <li>3. Pass LE return to sport/discharge criteria</li> </ol>