

Standard Meniscus Repair Rehabilitation Protocol

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0 – 4	<ul style="list-style-type: none"> Protect surgical site Active ROM: 0-90 degree Reduce muscle atrophy Reduce swelling Decrease pain and inflammation 	<ul style="list-style-type: none"> ROM: 0-90 degrees TTWB with the knee in full extension using crutches Immobilizer must be on at all times when walking Progress to WBAT (wean crutches) at 2 wks. 	<ul style="list-style-type: none"> PRICE <ul style="list-style-type: none"> Cryotherapy: 5-7 times per day Compression with TubiGrip/TEDS ROM (limited to 0-90 deg): <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Discontinue knee immobilizer Full ROM Reduce atrophy/progress strengthening Reduce swelling Normalize gait SLR without extensor lag 	<ul style="list-style-type: none"> No loading at knee flexion angles >90 degrees (16 weeks) No jogging or sport activity Avoid painful activities/exercises Discontinue brace at 6 weeks 	<ul style="list-style-type: none"> ROM: as tolerated Gait training from WBAT to independent Core stabilization exercises Neuromuscular re-education Global LE strengthening <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Walking program when walking with normal gait mechanics Stationary bike Week 6: FOTO, LEFS
Weeks 8 – 16	<ul style="list-style-type: none"> No effusion Full ROM Increase functional LE strength Return to activity as tolerated Initiate return to running program Initiate basic plyometrics 	<ul style="list-style-type: none"> No loading at knee flexion angles >90 degrees (16 weeks) Avoid painful activities/exercises No running until week 12 and cleared by surgeon No jogging on painful or swollen knee No plyometric exercises until week 14 and cleared by surgeon 	<ul style="list-style-type: none"> Aerobic training <ul style="list-style-type: none"> Begin non-impact aerobic training (elliptical / stairmaster) Increase loading capacity for lower extremity strengthening exercises Continue balance/proprioceptive training Week 12: begin return to running program Week 16: begin low level plyometric and agility training Week 12: FOTO, LEFS
Weeks 16+	<ul style="list-style-type: none"> Full ROM Functional strengthening Return to sport/activity 	<ul style="list-style-type: none"> Return to sport 4-8 months post-op with surgeon approval 	<ul style="list-style-type: none"> 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

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.
Each patient's progress may vary based on specifics to their injury and procedure.



OkorohaPA@gmail.com



600 Hennepin Avenue,
Minneapolis MN 55403



Admin Assistant
612-313-0531