

Rehabilitation Protocol: Arthroscopic Meniscus Repair



Phase I (Weeks 0-6)

- **Weightbearing:** As tolerated with crutches
- **Hinged Knee Brace:** worn for 4 weeks post-op ○ Locked in full extension for ambulation and sleeping – remove for hygiene and PT (**Weeks 0-2**) ○ Unlocked for ambulation and removed while sleeping, for hygiene and PT (**Weeks 2-4**)
- **Range of Motion** – AAROM → AROM as tolerated ○ **Weeks 0-4:** Full ROM – No weightbearing at flexion angles greater than 90° ○ **Weeks 4-6:** Full ROM as tolerated
- – progress to flexion angles greater than 90°

Therapeutic Exercises ○ Quad/Hamstring sets, heel slides, straight leg raises, co-contractions

- Isometric abduction and adduction exercises ○ Patellar Mobilizations
- At **4 Weeks:** can begin partial wall-sits – keep knee flexion angle less than 90°



Phase II (Weeks 6-12)

- **Weightbearing:** As tolerated -- discontinue crutch use at 6 weeks
- **Hinged Knee Brace:** Discontinue brace use when patient has achieved full extension with no evidence of extension lag
- **Range of Motion** – Full active ROM
- **Therapeutic Exercises** ○ Closed chain extension exercises, Hamstring strengthening ○ Lunges – 0-90°, Leg press – 0-90° ○ Proprioception exercises
 - Begin use of the stationary bicycle



Phase III (Weeks 12-16)

- **Weightbearing:** Full weightbearing with normal gait pattern
- **Range of Motion** – Full/Painless ROM
- **Therapeutic Exercises** ○ Continue with quad and hamstring strengthening ○ Focus on single-leg strength ○ Begin jogging/running
 - 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