Ryan Blackwell, MD

Orthopedic Surgery | Sports Medicine

KNEE

Meniscus Repair

Surgery Date: _____

Progressions are time and criterion-based, dependent on soft tissue healing, patient demographics and clinician evaluation. A review of the operative note and communication of any concerns with the referring physician is encouraged. Use of allowed visits should consider overall insurance limitations. When limitations are present, spread visits out over time to ensure that the patient can optimally complete rehab program with return to appropriate activities.

Phase I (Weeks 0 – 6): Immediate Postoperative / Period of Protection

Brace

- Weeks 0–2: Locked in full extension for ambulation and sleeping
- Weeks 2–6: Unlocked (0–90 degrees) for ambulation and removed while sleeping

Weight Bearing

- Weight bearing progression will be individualized based on tear type, location, and repair construct — confirm with physician office
  - General guidelines below; may be modified per surgeon discretion
- Weeks 0–2: Heel-touch weight bearing
- Weeks 2–4: Advance to 50% weight bearing in brace with crutches
- Weeks 4–6: Progress to full weight bearing in brace, wean off crutches

Range of Motion

- Full PROM to AAROM to AROM as tolerated. No weight bearing with knee flexion > 90 degrees

Modalities

- Per therapist discretion

Rehabilitation Goals

- Protect healing of repaired tissues
- Reduce pain and swelling in the knee, foot and ankle
- Restore full knee extension
- Restore quadriceps and surrounding muscle activation

Precautions

- Maximum protection of inflamed joint
- No running, jumping, plyometric activity

Inflammation Control

- Active quad control (NMES)
- Cryotherapy/Compression (Game Ready)
- Elevation

ROM Interventions

- Core stabilization (supine core activation)
- Hip strengthening: Straight leg raises (extension/abduction/adduction), clam shells (within flexion restrictions)
- Quadriceps recruitment progression without patellofemoral pain: Isometric quad sets, prone TKE (only if WBAT), short arc quad (with physician approval)
- Gait (with weightbearing approval): Weightshifting, marching, step over/hurdle walking

Criteria to Progress to Phase II

- Full active knee extension, pain-free to overpressure
- Quad isometric with superior patellar glide
- SLR without quad lag
- Trace to 1+ effusion or less
- Pain-free ambulation without gait deviation

Phase II (Weeks 6 – 12): Transitional Phase – Low Impact

Brace
- Discontinue brace when appropriate quad control is demonstrated

Weight Bearing
- Full weight bearing, wean crutches

Range of Motion
- Progress to full, symmetrical ROM

Rehabilitation Goals
- Full ROM with symmetrical active knee extension
- Normalize gait pattern
- Return to light work / moderately heavy labor
- Return to recreational sports (swimming, cycling, walking 2x/week)

Therapeutic Exercise
- Progress quad and hip strengthening
- Begin closed chain exercises (leg press, step-ups)
- Balance and proprioception training
- Stationary bike (when ROM allows)
- Pool therapy if available

Criteria to Progress to Phase III
- Full, symmetrical ROM
- No effusion
- Normal gait pattern
- Good quad and hip strength (4/5 or better)

Phase III (Weeks 12 – 16): Intermediate Phase – Linear

Rehabilitation Goals
- Initiate running program (when criteria met)
- Progress strengthening and neuromuscular control

Running Criteria
- Full, pain-free ROM symmetrical to contralateral limb
- No effusion
- Normalized gait mechanics
- Adequate quad and hamstring strength for impact activities

Therapeutic Exercise
- Progress resistance training
- Lateral step-down progression

- Single leg balance and proprioception
- Begin linear jogging program (when cleared)

Phase IV (Weeks 16 – 24): Return to Activity – High Impact

Rehabilitation Goals

- Return to sport-specific activities
- Return to full sport participation — commonly around 4–6 months, but criteria-based and individualized; requires surgeon clearance.

Therapeutic Exercise

- Progress plyometrics and agility
- Sport-specific drills
- Progress to cutting, pivoting activities

Criteria for Return to Sport

- Full, pain-free ROM
- No effusion with high-level activity
- Isokinetic strength ≥ 90% of contralateral limb
- Functional hop testing LSI ≥ 90%
- Physician clearance