Ryan Blackwell, MD
Orthopedic Surgery | Sports Medicine

KNEE

Meniscus Root 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
- Locked in full extension for ambulation x 6 weeks
- Unlock for supervised ROM exercises only

Weight Bearing
- Toe-touch weight bearing (TTWB) x 6 weeks with crutches

Range of Motion
- PROM 0–90° only x 6 weeks
- No flexion past 90 degrees for 6 weeks
- No weight bearing with knee flexion > 90 degrees

Modalities
- Per therapist discretion

Rehabilitation Goals
- Protect healing of repaired root
- Reduce pain and swelling
- Restore full knee extension
- Restore quadriceps and surrounding muscle activation

Precautions
- Strict TTWB x 6 weeks — do not advance weight bearing without physician clearance
- No flexion past 90° x 6 weeks
- No running, jumping, plyometric activity
- Maximum protection of inflamed joint

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

Therapeutic Exercise
- Quad sets, SLR (in locked brace)
- Hip strengthening: Straight leg raises (extension/abduction/adduction), clam shells (within flexion restrictions)
- Core stabilization (supine core activation)
- Ankle pumps

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

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

Brace
- Discontinue brace when appropriate quad control is demonstrated

Weight Bearing
- Progress to full weight bearing with crutches
- Wean crutches as gait normalizes

Range of Motion
- Progress ROM beyond 90° as tolerated. Goal: 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

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

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

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 6–9 months, criteria- and healing-based and individualized; requires surgeon clearance. Complex, radial, or horizontal repairs may require a slower pathway.

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