



Meniscus Repair Protocol

Phase I (Weeks 0-6)

Weightbearing: As tolerated with crutches

Hinged Knee Brace: worn for 6 weeks post-op

- Locked in full extension for ambulation and sleeping – remove for hygiene and PT **(Weeks 0-4)**
- Unlocked for ambulation and removed while sleeping, for hygiene and PT **(Weeks 4-6)**

Range of Motion: AAROM -> AROM as tolerated

- **Weeks 0-4:** 0 to 90 deg
- **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 if still using

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