
Meniscus Repair Physical Therapy Protocol

Phase I: Maximum Protection (Weeks 1 to 6)

Goals

- Control inflammation/effusion
- Allow early healing
- Full passive knee extension
- Gradually increase flexion to 90 degree
- Independent quadriceps control

Weight Bearing

- Non weight bearing for six weeks unless noted by Dr. Kendall

Range of Motion

- No flexion past 90 degrees for six weeks unless noted by Dr. Kendall

Days 1 to 10

Weight Bearing

- Non weight bearing

Brace

- Brace locked at 0 degrees for ambulation and sleeping (may be unlocked while sitting)

Range of Motion

- Passive (0 to 90 degrees)
- Avoid active knee flexion

Exercises

- Patellar mobilizations
- Stretch hamstrings and calf
- Quad sets
- Straight leg raises
- Side lying hip abduction/adduction
- Short arc quads (60 to 0 degrees)
- Cryotherapy with elevation for pain and inflammation every hour for 20 minutes

Weeks 2 to 6

Brace

- Brace locked for ambulation and sleeping

Exercises

- Continue passive range of motion exercises
- Avoid hamstring strengthening
- Continue stretching hamstrings and calf
- Use neuromuscular electrical stimulation if poor quad contraction exists
- Nu-step (maintaining less than 90 degree flexion)
- Multi-angle quad isometrics
- Four-way straight leg raises
- Long arc quads (90 to 0 degrees)

Phase II: Moderate Protection (Weeks 6 to 12)

Goals

- Establish full passive range of motion/active range of motion
- Diminish swelling/inflammation
- Re-establish muscle control
- Begin weight bearing and promote proper gait pattern

Weeks 6 to 10

Weight Bearing

- May begin weight bearing at six weeks unless otherwise noted by Dr. Kendall
- Begin with two crutches and progress to one crutch, then no assistive device as tolerated with a good gait pattern

Range of Motion

- Progress range of motion as tolerated to full

Exercises

- Avoid twisting, pivoting, running and deep squatting
- Balance and proprioception training
- Pool program
- Bicycle (if range of motion permits)
- Leg press
- Knee extension machine
- Terminal knee extension
- Standing hip abduction/adduction
- Wall squats to 70 degrees
- Lateral step downs
- Front step downs
- Continue cryotherapy for pain management

Weeks 10 to 12

Exercises

- Continue with all exercises listed above
- Initiate light hamstring curls
- Initiate toe calf raises

Phase III: Controlled Activity (Weeks 13 to 18)

Goals

- Improve strength and endurance
- Maintain full range of motion
- Gradually increase applied stress

Week 13

Exercises

- Continue all strengthening exercises listed above
- Initiate stair stepper/elliptical
- Progress balance training
- Progress isotonic strengthening program
- Initiate front lunges
- Initiate pool running (forward and backward)
- Initiate walking program

Week 16

Exercises

- Continue strengthening and stretching program
- Initiate cutting in the pool

Phase IV: Return to Activity (Months 6 to 8)

Criteria to Progress to Phase IV

- Full, non-painful range of motion
- No pain or tenderness
- Satisfactory clinical exam

Goals

- Improve strength and endurance
- Prepare for unrestricted activities
- Progress agility and cutting drills

Maintenance Program

- Deep squatting at five and a half months
- Straight line running at six months
- Initiate pivoting and cutting at seven months
- Initiate agility training at seven months
- Gradually return to sports at seven to eight months