Rehabilitation Protocol: Arthroscopic Meniscus Repair

Name: ____________________________________________________________              Date: ___________________________________

Diagnosis: _______________________________________________________

Date of Surgery: ______________________

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

**Frequency**: _____ times per week                      **Duration**: ______ weeks

Signature: _____________________________________________________                        Date: ___________________________