

# Rehabilitation Protocol: Arthroscopic Meniscus Repair



Hospital for Joint Diseases  
NYU LANGONE MEDICAL CENTER

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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: \_\_\_\_\_