

### Standard Meniscal Repair Rehabilitation Guideline

Individual patient circumstances may affect the guideline  
(tear configuration, fixation used, associated procedures, etc.)

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0 – 6	<ul style="list-style-type: none"> <li>• Protect surgical site</li> <li>• PROM: 0-90 degree</li> <li>• Reduce muscle atrophy</li> <li>• Reduce swelling</li> <li>• Decrease pain and inflammation</li> <li>• SLR without extensor lag</li> </ul>	<ul style="list-style-type: none"> <li>• ROM: 0-90 degrees</li> <li>• Avoid active knee flexion</li> <li>• Brace locked in extension with ambulation</li> <li>• May unlock for exercises</li> <li>• Non-weight-bearing weeks 0-2</li> <li>• Partial weight-bearing weeks 2-6</li> </ul> <p><i>**Defer to operative note for surgeon specific WB instructions**</i></p>	<ul style="list-style-type: none"> <li>• PRICE               <ul style="list-style-type: none"> <li>○ Cryotherapy: 5-7 times per day</li> <li>○ Compression with TubiGrip/TEDS</li> </ul> </li> <li>• ROM (limited to 0-90 deg):               <ul style="list-style-type: none"> <li>○ Supine knee extension with towel</li> <li>○ Patella mobilizations</li> </ul> </li> <li>• Quadriceps recruitment/NMES</li> <li>• Global LE isometric/proximal hip strengthening</li> <li>• Gait training with crutches</li> <li>• Initiate BFR; if applicable</li> <li>• Initial Visit: FOTO, IKDC</li> </ul>
Weeks 6 – 12	<ul style="list-style-type: none"> <li>• Discontinue knee immobilizer if no extensor lag</li> <li>• Limit forced flexion</li> <li>• Reduce atrophy/progress strengthening</li> <li>• Reduce swelling</li> <li>• Normalize gait</li> </ul>	<ul style="list-style-type: none"> <li>• Progress to WBAT (wean crutches)</li> <li>• No loading at knee flexion angles &gt;90 degrees (16 weeks)</li> <li>• No jogging or sport activity</li> <li>• Avoid painful activities/exercises</li> <li>• Avoid isolated hamstring strengthening first 10 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• ROM: as tolerated</li> <li>• Gait training from WBAT to independent</li> <li>• Core stabilization exercises</li> <li>• Neuromuscular re-education</li> <li>• Global LE strengthening               <ul style="list-style-type: none"> <li>○ Limit deep knee flexion angles &gt;90 degrees</li> <li>○ Begin functional strengthening exercises between 0-60 degrees (bridge, mini-squat, step up, etc)</li> </ul> </li> <li>• Double limb -&gt; single limb balance/proprioception</li> <li>• Aerobic training: walking program, stationary bike</li> </ul>
Weeks 12 – 16	<ul style="list-style-type: none"> <li>• No effusion</li> <li>• Full ROM</li> <li>• Increase functional LE strength</li> <li>• Isometric strength at &gt; 80% LSI (See functional assessment for return to running criteria)</li> <li>• Pass Return to Run criteria</li> <li>• Initiate basic plyometrics</li> </ul>	<ul style="list-style-type: none"> <li>• No loading at knee flexion angles &gt;90 degrees (16 weeks)</li> <li>• Avoid painful activities/exercises</li> <li>• No jogging on painful or swollen knee</li> <li>• No plyometric exercises until week 16</li> </ul>	<ul style="list-style-type: none"> <li>• Increase loading capacity for lower extremity strengthening exercises               <ul style="list-style-type: none"> <li>○ Double limb -&gt; Single limb</li> </ul> </li> <li>• Continue balance/proprioceptive training</li> <li>• Aerobic training: elliptical, stairmaster</li> <li>• Week 16: begin low level plyometric and agility training,</li> </ul>
Weeks 16+	<ul style="list-style-type: none"> <li>• Full ROM</li> <li>• Functional strengthening</li> <li>• Pass functional assessment</li> <li>• Return to sport/activity</li> </ul>	<ul style="list-style-type: none"> <li>• Return to sport 5-6 months post-op with surgeon approval</li> </ul>	<ul style="list-style-type: none"> <li>• Gradually increase lifting loads focusing on form, control, and tissue tolerance</li> <li>• Running program</li> <li>• Progress as tolerated: ROM, Strength, Endurance, Proprioception/Balance, agility, Sport specific skills</li> <li>• ARC Program</li> </ul>

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.



## Meniscal Repair Functional Assessment

Phase	Criteria	Testing
<b>Week 12 - 16</b>  <b>Must meet criteria prior to running</b>	<ul style="list-style-type: none"> <li>• Full, symmetric ROM</li> <li>• Y-balance anterior reach asymmetry &lt; 5 cm</li> <li>• Quadriceps strength for isometric test &gt; 80% of uninvolved side</li> <li>• Hip abduction strength for isometric test &gt; 80% of uninvolved side</li> </ul>	<ul style="list-style-type: none"> <li>• Knee assessment including assessment for effusion</li> <li>• Passive and active ROM</li> <li>• Isometric knee extension at 60° and 90° with handheld dynamometry (HHD)</li> <li>• Isometric hip abduction at neutral with HHD</li> <li>• Single leg isometric squat at 60° on 3PQ</li> <li>• Forward step down assessment</li> <li>• FOTO, IKDC</li> </ul>
<b>Months 5-6+</b>  <b>Must meet criteria prior return to sport</b>	<ul style="list-style-type: none"> <li>• Full, symmetric ROM</li> <li>• 100% LSI for isometric testing</li> <li>• 100% LSI for functional testing</li> </ul>	<ul style="list-style-type: none"> <li>• Knee assessment including assessment for effusion</li> <li>• Passive and active ROM</li> <li>• Hop Test               <ul style="list-style-type: none"> <li>○ Single Hop</li> <li>○ Triple Hop</li> <li>○ Medial triple hop</li> <li>○ Medial rotation hop</li> </ul> </li> <li>• Isometric knee extension at 60° and 90° with handheld dynamometer</li> <li>• Isometric knee flexion at 60° with HHD</li> <li>• Single leg isometric squat at 90° on 3PQ</li> <li>• Single leg jump on 3PQ</li> <li>• Drop jump</li> <li>• Agility T-Test</li> <li>• FOTO, IKDC</li> </ul>

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