



James S. Kercher, M.D.
Sports Medicine, Shoulder &
Knee Surgery, Cartilage Restoration

Rehabilitation Protocol Arthroscopic Meniscus Repair

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 4 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