

# Meniscus Repair

## Physical Therapy Protocol

---

### Phase I – Maximum Protection (Weeks 0–6)

#### Precautions:

- Non-weight bearing (NWB) with crutches for the first 6 weeks.
- No deep squats or cross-legged sitting for 4 months.
- Brace setting: 0° locked in extension.
- Passive range of motion (PROM): 0–90° only for first 4 weeks.

#### Goals:

- Protect surgical repair
- Control inflammation and pain
- Initiate quad activation and gentle ROM

#### Exercises:

- Flexion/Extension – wall slides

**“Dr. Trevor” Stefanski, M.D.**  
Minimally Invasive Joint Specialist  
[DrTrevor.com/PT](http://DrTrevor.com/PT) for a printable copy

Innovating **BIG RESULTS**  
Through Small Incisions

- Flexion/Extension – seated
- Patella and tendon mobilization
- Extension mobilization
- Quad sets
- Sit and reach for hamstrings (towel)
- Ankle pumps

Cardiovascular:

- Bike or rowing with well leg only

---

## **Phase II – Protected Motion (Weeks 6–10)**

Precautions:

- Continue to avoid loaded knee flexion or deep squats.
- Gradual reintroduction of active hamstring use.

Goals:

- Improve range of motion
- Begin muscle activation (hamstrings and calves)

Phone: 513-232-2663  
Fax: 513-985-2580

- Initiate cardiovascular and proprioception training

Exercises:

- Begin hamstring sets
- Toe and heel raises
- Balance series
- Continue quad sets, patella mobilization, wall slides
- Continue sit and reach stretch

Cardiovascular:

- Bike with both legs (start with no resistance, progress to light resistance)
- Aquajogging
- Treadmill walking (incline up to 7%)
- Swimming with fins (if wounds healed)

---

### **Phase III – Early Strengthening (Weeks 10–16)**

Goals:

- Normalize gait mechanics

**“Dr. Trevor” Stefanski, M.D.**  
Minimally Invasive Joint Specialist  
[DrTrevor.com/PT](http://DrTrevor.com/PT) for a printable copy

Innovating **BIG RESULTS**  
Through Small Incisions

- Begin functional strength progression
- Improve neuromuscular control

Exercises:

- Double knee bends
- Double leg bridges
- Static reverse lunges
- Beginning cord resistance exercises
- Single-leg deadlifts (as tolerated)

Cardiovascular:

- Elliptical trainer
- Rowing
- Stair stepper
- Continue treadmill walking and swimming

---

**Phase IV – Strength & Control (Weeks 16–20)**

Goals:

Phone: 513-232-2663  
Fax: 513-985-2580

**“Dr. Trevor” Stefanski, M.D.**  
Minimally Invasive Joint Specialist  
[DrTrevor.com/PT](http://DrTrevor.com/PT) for a printable copy

Innovating **BIG RESULTS**  
Through Small Incisions

- Improve strength and coordination
- Advance to unilateral strength and balance

Exercises:

- Balance squats
- Leg press
- Advance proprioceptive balance series
- Continue progression of previous exercises

Cardiovascular:

- Increase endurance on elliptical, stair stepper, and treadmill

---

## **Phase V – Agility & Return to Activity (Weeks 20–24+)**

Goals:

- Prepare for return to sport and high-level activities
- Restore full confidence in limb function

Agility Drills:

- Running progression

Phone: 513-232-2663  
Fax: 513-985-2580

- Begin with single-plane running
- Advance to multidirectional agility
- Functional sports testing

High-Level Activities (As tolerated):

- Golf
- Outdoor biking, hiking, snowshoeing
- Skiing, basketball, tennis, football, soccer (clearance required)

---

## Timeline Overview (Post-Op Day Reference)

- Week 1 (POD 1–7): NWB, brace locked at 0°, begin passive motion and quad sets
- Week 2 (POD 8–14): Progress ROM and maintain precautions
- Week 3–4: Add seated flexion/extension, introduce gentle functional tasks within limits