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Orthopaedic Surgery · Sports Medicine

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PHYSICAL THERAPY PROTOCOL

Meniscal Repair

Arthroscopic meniscus repair — protected weight bearing and flexion

Unlike a meniscectomy, a repaired meniscus must be protected while it heals. Deep knee flexion under load and pivoting are restricted early because they stress the repair. Timelines may vary with tear type and location; follow surgeon-specific instructions.

General Precautions

- Brace locked in extension for ambulation; weight bearing per surgeon (often WBAT in extension, limited flexion under load).
- Limit knee flexion to ~90° for the first ~4–6 weeks; no weight bearing in deep flexion.
- No deep squatting, twisting, or pivoting for ~4 months.
- Full passive extension is allowed and encouraged.

Phase I — Protection Weeks 0-6

Goals

- Protect the repair
- Full extension
- Restore quad control
- Flexion to ~90°

Precautions / Restrictions

- Brace in extension for walking/sleeping
- Flexion limited to 90°
- No loaded flexion / squatting

Exercises & Interventions

- Quad sets, straight-leg raises (in brace until quad control)
- Patellar mobilizations
- Heel slides to 90°
- Prone hangs for extension
- Calf/hamstring stretching

Criteria to Advance

- Full extension
- Good quad set
- Swelling controlled

Phase II — Motion & Strength Weeks 6-12

Goals

- Restore full motion
- Wean brace
- Normalize gait
- Build strength

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Precautions / Restrictions

- Progress flexion to full gradually
- Still avoid deep loaded flexion and pivoting

Exercises & Interventions

- Progress ROM to full
- Wean brace/crutches per surgeon
- Closed-chain strengthening (0–60° then progress)
- Stationary bike
- Balance/proprioception
- Hip and core strengthening

Criteria to Advance

- Full ROM
- Normal gait
- Good quad control

Phase III — Strengthening Weeks 12–16

Goals

- Restore strength and neuromuscular control

Precautions / Restrictions

- No pivoting/cutting until cleared (~4 months)

Exercises & Interventions

- Progressive resistive strengthening (deeper ranges as cleared)
- Single-leg strengthening and balance
- Low-impact conditioning
- Begin controlled running progression late if criteria met

Criteria to Advance

- Strength ≥80% opposite side
- No swelling with activity
- Full pain-free ROM

Phase IV — Return to Sport Months 4–6

Goals

- Return to running, agility, and sport

Exercises & Interventions

- Running and plyometric progression
- Agility and cutting drills
- Sport-specific training

Criteria to Advance

- Symmetric strength and hop testing
- No pain/swelling
- Return to sport typically ~5–6 months

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This protocol is a general guideline. Progression is criteria-based and may be advanced or slowed by Dr. O'Donnell based on intraoperative findings, tissue quality, fixation, and individual healing. Time frames are approximate. Direct questions to the office at (305) 393-8810.