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Orthopaedic Surgery · Sports Medicine

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PHYSICAL THERAPY PROTOCOL

Meniscal Tear — Nonoperative Management

Conservative rehabilitation of a degenerative or stable meniscal tear

Many meniscal tears — particularly degenerative tears — improve with rehabilitation rather than surgery. Care controls swelling, restores motion and strength, and gradually returns the patient to activity while avoiding positions that provoke symptoms.

General Precautions

- Avoid deep squatting, pivoting, and twisting while symptomatic.
- Control swelling — it limits quadriceps function and progress.
- Progress impact activity gradually.

Phase I — Pain & Swelling Control Weeks 0–2

Goals

- Control pain and swelling
- Restore motion and quad control

Precautions / Restrictions

- Avoid deep flexion under load and pivoting

Exercises & Interventions

- Quad sets and straight-leg raises
- Range of motion as tolerated
- Patellar mobilizations
- Stationary bike as motion allows
- Ice / elevation

Criteria to Advance

- Minimal swelling
- Good quad set
- Full or near-full motion

Phase II — Strengthening Weeks 2–6

Goals

- Full motion
- Restore strength and neuromuscular control

Exercises & Interventions

- Closed-chain strengthening (mini-squats, leg press, bridges)
- Hip and core strengthening
- Balance/proprioception
- Low-impact conditioning

Criteria to Advance

- Full pain-free motion
- Improving strength

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- Normal gait

Phase III — Return to Activity Weeks 6-12

Goals

- Return to full activity/sport

Exercises & Interventions

- Progressive resistive strengthening
- Running and agility progression as tolerated
- Sport-specific drills

Criteria to Advance

- Symmetric strength
- No swelling or mechanical symptoms with activity

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.