



MENISCUS REPAIR REHABILITATION GUIDELINES

Dr. Steven Pennington

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Phase I, Post-Op (0-6 weeks)	
OSMS Appointments	<ul style="list-style-type: none"> • Medical appointment at 2 weeks and 6 weeks • Physical therapy will begin as directed by your physician and as indicated on your physical therapy order
Rehabilitation Goals	<ul style="list-style-type: none"> • Non-weight bearing in locked brace in extension for 2 weeks • Reduce swelling using cryocuff and compression • Restore quadriceps activation
Precautions	<ul style="list-style-type: none"> • Non-weight bearing for 2 weeks • Progress to WBAT with immobilizer locked in extension and bilateral crutches • No loaded knee flexion • No PROM past 90 degrees • No resisted hamstring strengthening
ROM Exercises	<ul style="list-style-type: none"> • 0-90 degrees only
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • PROM/AAROM • Quad sets and prone TKE • Clam shells, probe knee hangs, 4-way SLRs, ankle TheraBand • Calf stretching and gentle knee mobilizations • Patellar mobilization 5-10 minutes a day
Progression Criteria	Patient may progress to phase II after 3 weeks if they have 0-90 degrees and zero to trace effusion

PHASE II: after Phase I criteria met, usually 6-10 weeks					
OSMS Appointments	<ul style="list-style-type: none"> • MD appointment at 6 weeks • Physical therapy appointments remain every 5-7 days 				
Rehabilitation Goals	<ul style="list-style-type: none"> • Normalize gait mechanics • Gradually restore knee ROM 				
Precautions	<ul style="list-style-type: none"> • Avoid forceful knee flexion if this produces posterior knee pain • Avoid rotational movements on a planted foot • Brace will be discontinued when cleared by surgeon 				
Suggested Therapeutic Exercises	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; vertical-align: middle;">Weeks 6-8</td> <td> <ul style="list-style-type: none"> • Progress loaded knee flexion (45-60 degrees) • Mini squats • Modified leg press (double and single) • Forward and lateral 4" step-ups • DL bridges • Mini lunges • Fire hydrants • Balance and proprioception training • Plank holds • Standing TKE • Upright bike with low resistance </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Weeks 8-10</td> <td> <ul style="list-style-type: none"> • Progress loaded knee flexion to 75 degrees • Initiate isolated hamstring strengthening • Progress LE core • Allow 6" and 8" step-ups, step-downs, and side-steps </td> </tr> </table>	Weeks 6-8	<ul style="list-style-type: none"> • Progress loaded knee flexion (45-60 degrees) • Mini squats • Modified leg press (double and single) • Forward and lateral 4" step-ups • DL bridges • Mini lunges • Fire hydrants • Balance and proprioception training • Plank holds • Standing TKE • Upright bike with low resistance 	Weeks 8-10	<ul style="list-style-type: none"> • Progress loaded knee flexion to 75 degrees • Initiate isolated hamstring strengthening • Progress LE core • Allow 6" and 8" step-ups, step-downs, and side-steps
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		<ul style="list-style-type: none"> • Monster walks • Single leg bridge holds • Wobble board squats • Upright bike with increasing resistance
Progression Criteria	Patient may progress to phase III after 10 weeks if they have normal gait mechanics, knee PROM of at least 120 degrees, and zero reactive effusion	

PHASE III: after Phase II criteria met, usually 10-16 weeks		
OSMS Appointments		<ul style="list-style-type: none"> • MD appointment at 12 weeks • Physical therapy appointments every 5-7 days, and progresses to home program
Rehabilitation Goals		<ul style="list-style-type: none"> • Improve functional strength and dynamic control
Precautions		<ul style="list-style-type: none"> • Avoid post-activity swelling
Suggested Therapeutic Exercises	Weeks 10-12	<ul style="list-style-type: none"> • Progress to 6 day/week program with strengthening and cardiovascular • Initiate plyometric program progressing from bilateral to single leg • Initiate a walk/jog program
	Weeks 12-16	<ul style="list-style-type: none"> • Progress plyometric program from straight-plane to diagonal/rotational exercise • Continue with jogging progression
Cardiovascular Exercises		<ul style="list-style-type: none"> • Jogging progression • Progressive plyometrics
Progression Criteria		<ul style="list-style-type: none"> • Full knee ROM • Demonstrate 8" step-down with proper mechanics • 80% limb symmetry with hop testing • No pain/reactive swelling with plyometric or jogging exercise

PHASE IV: after Phase III criteria met, usually 20+ weeks	
Rehabilitation Goals	<ul style="list-style-type: none"> • Begin a forward running program • Emphasis on quadriceps, hamstring, and trunk dynamic stability • Initiate agility drills and cutting activities • Continue LE strengthening, flexibility, proprioceptive and agility programs • Advance agility and sport-specific programming • Maintenance exercise