ELITE SPORTS MEDICINE
Connecticut Children's Medical Center
399 Farmington Avenue, Farmington, CT 06032 • 860.837.9220 • WWW.CONNECTICUTCHILDRENS.ORG/ESM

MENISCUS REPAIR REHABILITATION PROTOCOL

This protocol is a general outline. "As tolerated" refers to no increased sharp pain, swelling, or other undesirable factors. If any of these occur, decrease activity level and ice. Progression and return to sport may vary between individual patients, and will be guided by your provider's team (physician, physician assistant, athletic trainer, and therapist) input and appropriate testing. The following weight bearing, brace and range of motion guidelines are dependent upon your specific meniscus repair and will be reviewed with you at your first post-operative visit.

PHASE I: WEEKS 0-4

Weight-bearing:

□ Weight-bearing as tolerated (WBAT) with crutches for comfort

□ Toe-touch weight bearing (TTWB) for 4 weeks, then partial weight bearing for 2 weeks

□ Non-weight bearing (NWB) 6 weeks

Brace:

□ Knee Immobilizer until first post-op visit

□ If MCL fenestration performed during meniscus repair: hinged knee brace for 4 weeks

□No brace

Range of Motion (ROM):

- 0-90° for 6 weeks
- Maintaining full knee extension

Therapeutic Exercises:

- Quad sets, hip/glute strengthening (4-way SLR)
- Weight bearing strengthening based on restrictions listed above
- Ankle/foot stretching and strengthening

Manual Therapy and Modalities:

- Scar, soft tissue, and patellar mobilizations
- Cryotherapy (ice), compression, e-stim

Stationary Bike:

□ Begin immediately if WBAT

□ Begin postop week 4 if TTWB

□ Begin at postop week 6 if NWB

Progression Criteria:

- Full passive knee extension
- Minimal joint effusion
- Appropriate progression of ambulation based on restrictions

PHASE II: WEEKS 4-8

Weight-bearing:

- Follow Phase I restrictions

Brace:

- For those with hinged knee brace - discontinue

Range of Motion (ROM):

- 0-90° till week 6
- Maintaining full knee extension

Therapeutic Exercises:

- Gait & balance training following weight bearing restrictions
- Closed kinetic chain (CKC) strengthening in pain-free ROM *not passed 90° knee flexion
- Open kinetic chain (OKC) knee flexion and extension *not passed 90°
- Hip/glute strengthening (4-way SLR, band walks, step ups, step downs, bridges, etc.)
- Core strengthening
- Stationary bike following the weight bearing restrictions listed above

Manual Therapy and Modalities:

- Scar, soft tissue and patellar mobilizations
- Cryotherapy, compression, e-stim

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Progression Criteria:

- Knee ROM 0-120°
- No effusion
- No pain or limp
- Good eccentric strength

PHASE III: MONTH 2-4

Range of Motion (ROM):

- Progress ROM to full

Therapeutic Exercises:

- Progress ROM and flexibility to full
- Closed Kinetic Chain (CKC) multi-plane activities
- Continue hip and core strengthening
- Continue gait and balance training
- Stationary bike

At 3 Months:
Initiate impact activities unless instructed otherwise by surgeon.

- Double leg plyometric progressing to single leg. Initiate running progression. May begin deep knee flexion strengthening activities

Manual therapy and Modalities:

- Scar, soft tissue, and patellar mobilizations

Progression Criteria:

- Full ROM
- No Effusion
- No pain
- Cryotherapy and compression as needed

PHASE IV: RETURN TO SPORT

Therapeutic Exercises:

- Advance impact activities
- Continue with single leg strengthening & eccentric quad control
- Box Drill- walk→jog→sprint progressing 4 cones from 5 yards apart to 10, 20 then 40 yards apart. Clockwise/counter-clockwise
    - This can progress to more sport specific skills (i.e. dribbling basketball, kicking soccer ball)
- Specific return to sport protocols may be found on our website under “Home Exercise Programs” with 14 sports that include sport specific skills and drills