

**Robert C. Grumet, MD**  
**Linda Zaragoza, MMS, PA-C, ATC**

## **Post-Operative Rehabilitation: Meniscus Repair**

### **Phase 1 Physical Therapy (0-6 weeks)**

- Brace locked in extension for ambulation and TTWB x 4 weeks, then unlocked x 2 weeks
  - Progress WB 25% every 3 days once brace is unlocked
  - No load in flexion
- Progress ROM
  - 0-90 degrees x 4 weeks
  - Progress as tolerated after week 5
  - No load in flexion x 8 weeks
- NO open-chain exercises
- Soft tissue mobilization, patellar mobilization, isometric exercises, core strengthening
- Tactile and verbal cueing to enable non-compensatory gait patterning
- HEP: leg bridge for extension, heel slides for flexion (up to 90 degrees), ankle pumps
- Isometric exercises for core, glutes, quadriceps, hamstrings

### **Phase 2 Physical Therapy (6-12 weeks)**

- Continue ROM progression
- No load in flexion until week 8
- Initiate closed-chain strengthening and planks advancing as tolerated
- Proprioceptive training
- Standing weight shifts, backward/lateral walking without resistance
- Soft tissue mobilization, patellar mobilization, isometric exercises, core strengthening
- Initiate step-up and step-down programs

### **Phase 3 Physical Therapy (12-20 weeks)**

- Focus on functional exercises in all planes, advance only when fully controlled
- Advance closed-chain and core strengthening
- Proprioceptive training
- May begin straight treadmill jogging once able to perform single leg squat appropriately (typically at 4 mos post op; will be cleared per physician)

### **Phase 4 Physical Therapy (20+ weeks)**

- Advance closed-chain and core strengthening as needed
- Continue proprioceptive training
- Progress sport-specific drills and plyometrics (per physician)