

Rehabilitation Protocol: Arthroscopic Meniscus Root Repair

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-6)

- **Weight bearing:** NWB for 6 weeks
- **Hinged Knee Brace:** worn for 6 weeks post-op
 - Locked in full extension for ambulation and sleeping – remove for hygiene and PT (**Weeks 0-6**)
- **Range of Motion** – AAROM → AROM as tolerated
 - **Weeks 0-4:** Full ROM – No weight bearing at flexion angles greater than 90°
 - **Weeks 4-6:** Full ROM as tolerated – progress to flexion angles greater than 90°
- **Therapeutic Exercises (formal PT to start at 2 weeks)**
 - Quad/Hamstring sets, heel slides, straight leg raises, co-contractions
 - Isometric abduction and adduction exercises
 - Patellar Mobilizations
 - At **4 Weeks:** can begin partial wall-sits – keep knee flexion angle less than 90°

Phase II (Weeks 6-12)

- **Weight bearing:** As tolerated -- discontinue crutch use at 6 weeks
- **Hinged Knee Brace:** Discontinue brace use when patient has achieved full extension with no evidence of extension lag
- **Range of Motion** – Full active ROM
- **Therapeutic Exercises**
 - Closed chain extension exercises, Hamstring strengthening
 - Lunges – 0-90°, Leg press – 0-90°
 - Proprioception exercises
 - Begin use of the stationary bicycle

Phase III (Weeks 12-16)

- **Weight bearing:** Full weight bearing with normal gait pattern
- **Range of Motion** – Full/Painless ROM
- **Therapeutic Exercises**
 - Continue with quad and hamstring strengthening
 - Focus on single-leg strength
 - Begin jogging/running
 - Plyometrics and sport-specific drills

Phase IV (Months 4-6)

- Gradual return to athletic activity as tolerated
- Maintenance program for strength and endurance



Comments: Patients should avoid tibial rotation for 4-6 weeks post-op

Frequency: ____ times per week

Duration: ____ weeks

Signature: _____

Date: _____