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Meniscus Root Repair Rehabilitation Protocol

PHASE I (Weeks 0 – 6):

Period of protection, decrease edema, activate quadriceps

- Weightbearing: Partial with crutches
 - o Weeks 0-6: TTWB weight-bearing in brace with crutches
- Hinged Knee Brace:
 - o Weeks 0-2: Locked in full extension for ambulation and sleeping
 - o Weeks 2-6: Unlocked (0-90°) for ambulation once cleared by the team
 - i. Can remove while sleeping if terminal extension is reached
- Range of Motion:
 - o Weeks 0-6: Avoid flexion >90°
- Therapeutic Exercises: Patellar mobs, quad/hamstring sets, heel slides, Gastroc/Soleus stretching, straight leg raises
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 6 – 12)

- Weightbearing:
 - o Weeks 6-8: Progress to full WB
- Hinged Knee Brace: Discontinue by 6-8 weeks
- Range of Motion: Full, avoid weighted flexion >90°
- Therapeutic Exercises: Patellar mobs, quad/hamstring sets, closed chain extension exercises, hamstring curls, toe raises, balance exercises, Gastroc/Soleus stretching;
 - o Lunges 0-90° and leg press 0-90° 10 weeks
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 12 – 16)

- Range of Motion: Full, painless
- Therapeutic Exercises: Advance closed chain strengthening exercises and proprioception activities; focus on single-leg strengthening
 - o Stationary Bike okay at 12 weeks
 - o Swimming okay at 12 weeks
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase IV (Weeks 16 – 24):

(Gradual return to athletic activity)

- 16 weeks: Begin jumping
- o Elliptical after 16 weeks
- 20 weeks: Advance to sprinting, backward running, cutting/pivoting/changing direction