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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