

Name _____
Therapist _____
Physician _____



Meniscal Repair

* Discuss repair location, type, and tissue integrity with MD after initial evaluation to account for any modifications.

Phase 1 – MOTION AND MOBILITY

Week 0-6

Patellar mobilizations, including quad & patellar tendon
 Quad set progressing to SLR (with NMES, biofeedback)
 Emphasize full knee extension motion
 Heel slides for flexion per ROM precautions; no active knee flexion for 4 weeks
 * NO bike until 90° ROM limit is lifted

ROM: 0-90° x 4 weeks; advance ~10°/wk per MD orders

Brace: Locked in extension (weeks 0-4); advance ~10°/wk per MD orders

Weight-bearing: PWB → WBAT w/ brace locked in extension for 4-6 weeks

Phase 2 – ENDURANCE

Week 7-12

Closed-chain progression (+/- including squat, lunge, step-up, bridge)
 Progress from double leg to single leg; from stable to unstable surfaces
 Balance progression
 Bike for cardiovascular fitness

ROM: Full ROM with slow progression to terminal flexion

Weight-bearing: Progress to FWB

*Note: Non-athletes may be appropriate for discharge to independent home program at this time if able to complete work and life demands. Check for safety with stair negotiation and ambulation on uneven surfaces.

Phase 3 – STRENGTH

Week 13-20

Increase sets/duration of closed-chain strengthening in varied proprioceptive environments
 Initiate squat jump progression from shuttle to gravity dependent position
 * No loaded deep knee flexion for 4-6 months

Phase 4 – AGILITY, POWER, RETURN TO SPORT

Week 20+

Sport-specific movement patterns practiced in supervised and controlled environment
 Graded re-integration into sport activities with MD and PT clearance
 * No loaded deep knee flexion x 4-6 months

Return to Activities *See functional criteria*

Running: 4-5 months

Golf: Short irons at 5 months, full swing with long irons at 6 months. Delay 4-6 weeks if lead leg.

Pivoting/cutting sport: When functional criteria are met and cleared by surgeon, typically 6 months at earliest

Surgeon Comments: