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Meniscal Repair Rehabilitation Protocol

Phase 1 - Maximal Protection (Weeks 0-6)

Weight-Bearing

- Ambulation with crutches and hinged knee brace
- Toe-touch weight-bearing for weeks 1 and 2
- May progress to WBAT (**UNLESS OTHERWISE DIRECTED BY MD, ie. FOR MENISCAL ROOT REPAIRS WILL BE TOE-TOUCH FOR 6 WEEKS**)

- ***No weight-bearing with knee flexed beyond 45 degrees of flexion***

Range of Motion

- Brace, if prescribed, must be worn at all times (even sleep) to protect meniscus
- ROM allowed from 0 - 90 degrees
- Focus on obtaining full extension in first 2 weeks

Exercises

- No resistance for the following exercises (gravity only)
 - Quad sets
 - SLR's (straight leg raises)
 - Knee flexion prone (lying on stomach) and heel slides
 - Toe raises
 - Calf pumps

Phase 2 - Moderate Protection (Weeks 7-12)

Goals

- Obtain full ROM
- Normalize gait (walking form)
- Increase strength
- Begin straight ahead activity (walking on treadmill, bicycle) at very low resistance

Gait

- Full weight-bearing without crutches
- Discontinue brace
- Should normalize with knee extension at heel strike and normal flexion during stride



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Exercises

- Progress to closed chain extension exercises
- Begin hamstring strengthening
- Lunges 0-90 degrees
- Leg press 0-90 degrees (very low weight, must be able to handle 3 sets of 15)
- Stationary bike

Phase 3 - Functional Training (Months 3 to 6)

Goals

- Return to full activity

Exercises

- Continue with strengthening (core body, quads, hamstring, calf, leg)
- Focus on single leg strength
- Begin jogging
- Begin plyometrics

Return to Sport

- May return to sport first in a non-competitive format
- Progress to full participation at approximately 6 months if cleared by Dr. Jones