Meniscus Longitudinal Tear Repair Protocol  
Postoperative Rehabilitation Protocol  
Dr. Jeffrey Witty, M.D.  

Notes:  
- If done with concomitant ACL, this meniscus protocol takes precedence (weightbearing, motion, exercises) over the corresponding ACL protocol for the respective postop timeline  
- See any additional noted from MD regarding additional precautions etc.  
- Avoid any tibial rotation during exercise  
- **NO WEIGHTBEARING with flexion > 90 degrees for 6 weeks.**  

Modalities:  
- Ice, compression, thigh high compression sleeve, and other swelling reduction ok to start immediately and done at least 3 – 5 times daily for about 30 minutes. Keep surgical site  
- Thigh high compression sleeve at least 6 weeks postop  

<table>
<thead>
<tr>
<th>Phase I</th>
<th>Weightbearing</th>
<th>Brace</th>
<th>ROM</th>
<th>Exercise</th>
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<tbody>
<tr>
<td>Week 0 - 2</td>
<td>Foot flat weight bearing &lt; 25% weight with leg in full extension. No weight through knee at any flexion angle.</td>
<td>Locked in full extension for sleeping, ambulation Ok to remove for ROM while avoiding varus/valgus stress and tibial rotation.</td>
<td>WITHOUT ACL PROM/AAROM/AROM: 0 – 90 WITH ACL PROM: 0 - 90 AAROM/AROM: 30 - 90 Avoid hyperextension for first 4 weeks</td>
<td>Maintain full knee extension. Straight leg raises Quad sets If anterior skin incision only patella mobs medial to lateral with suprapatellar pouch massage. If no anterior skin incision, ok to include superior/inferior mobilization as well. Ankle pumps NO WEIGHTBEARING with flexion &gt; 90 degrees.</td>
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<table>
<thead>
<tr>
<th>Phase II</th>
<th>Weightbearing</th>
<th>Brace</th>
<th>ROM</th>
<th>Exercise</th>
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<tbody>
<tr>
<td>Week 2 - 4</td>
<td>Foot flat weight bearing &lt; 50% body weight</td>
<td>Locked in full extension for sleeping.</td>
<td>WITHOUT ACL PROM/AAROM/AROM: 0 – 90</td>
<td>Continue Phase I NO WEIGHTBEARING with flexion &gt; 90</td>
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<tr>
<td>Phase III</td>
<td>Week 4 - 6</td>
<td>No weight through knee at any flexion angle.</td>
<td>ambulation</td>
<td>WITH ACL PROM: 0 - 90 AAROM/AROM: 30 - 90</td>
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<td>Ok to remove for ROM while avoiding varus/valgus stress and tibial rotation. Ok to remove for ROM while avoiding varus/valgus stress.</td>
<td>Ok to remove for ROM while avoiding varus/valgus stress.</td>
<td>Avoid hyperextension for first 4 weeks</td>
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<td>CAN start to wean out of brace.</td>
<td>Progress to full ROM</td>
<td>Continue Phase 1</td>
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<tr>
<td></td>
<td></td>
<td>No weight through knee at any flexion angle.</td>
<td>Can start to wean out of brace</td>
<td>Start toe raise, wall sits to fatigue, minisquats</td>
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<td>Start to progress to WBAT over next 2 weeks as pain, swelling, and gait retraining allows.</td>
<td>Progress to full ROM</td>
<td>NO WEIGHTBEARING with flexion &gt; 90 degrees.</td>
</tr>
</tbody>
</table>
| Phase IV | Start Week 6-12 | WBAT | None | As tolerated | Continue Phase III  
Start leg press (10–90)  
Start light weight hamstring curls (light weight, high rep)  
Begin endurance closed chain exercise (stationary bike, elliptical)  
Start proprioception on BAPS (biomechanical ankle platform system)  
Stair climber |
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<tbody>
<tr>
<td>Phase V</td>
<td>Week 12 - 16</td>
<td>WBAT</td>
<td>None</td>
<td>As tolerated</td>
</tr>
</tbody>
</table>
| Phase VI | Week 16 - 24 | WBAT | None | As tolerated | Continue Phase V, progress strengthening as tolerated. Ok to start weight at all angles of knee motion.  
Begin light jogging on even surface. (may progress more quickly to phase VII if cleared by MD |
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| Phase VII  
Week 24 and beyond |  |
|----------------------|-----------------|
| WBAT  
None | As tolerated  
Continue Phase VI.  
Progress from jogging to running and sprinting.  
Progress to cutting drills once able to run in straight line at full speed.  
Begin plyometrics | depending on tear pattern) |

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<th>Return to Sport Phase</th>
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| WBAT  
None | As tolerated  
Continue Phase VII.  
If no ACL:  
Gradual return to sports once cleared by MD  
If ACL:  
Progress with ACL protocol | |

Protocol adapted from:  
Operative Techniques in Knee Surgery 2017  
Noyes Knee Disorders, Surgery, Rehabilitation, Clinical Outcomes, 2016