EDWARDS ORTHOPEDICS
Advanced Orthopedic Surgery, Close to Home.
Dr. Chad Edwards, Orthopedic Surgeon

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POST-OPERATIVE REHABILITATION PROTOCOL

Arthroscopic Meniscus Repair

Protected weight bearing and flexion followed by criterion-based strength and sport progression

PATIENT	SURGERY DATE	SIDE / PROCEDURE NOTES
_____	_____	_____

HOW TO USE THIS PROTOCOL Time frames are guides, not deadlines. Progress only when the phase criteria are met and the knee/arm is not reacting with increased pain or swelling. Dr. Edwards' written instructions always take priority.

SCOPE This protocol does not cover meniscus root repair or meniscal transplant. Complex, radial, all-inside, or concomitant repairs may require slower motion and weight bearing.

STOP AND CALL: fever/chills, increasing redness or drainage, uncontrolled pain, new or worsening numbness/weakness, calf pain/swelling, chest pain, or shortness of breath. Call 911 for an emergency.

KEY RESTRICTIONS AT A GLANCE

TIME	PROTECTION / WEIGHT BEARING	MOTION / LOADING
0-3 weeks	Brace locked; crutches; partial weight bearing	Full extension; flexion less than 90 degrees
3-6 weeks	Continue partial weight bearing; unlock only if cleared	Maintain extension; flexion may progress toward 120 degrees
6-12 weeks	Wean brace/crutches with normal gait and quad control	Restore ROM; strengthen in protected ranges
3-6+ months	Running then cutting/pivoting in stages	Objective testing and surgeon clearance

PHASE-BY-PHASE PLAN

Phase 1 | Protect the repair (0-3 weeks)

- **Priorities:** Control pain/effusion; restore full extension and quadriceps control; keep flexion under 90 degrees.
- **Protection:** Partial weight bearing with crutches and brace locked for walking. Do not pivot, squat deeply, or actively pull the knee into flexion.

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- **Therapy focus:** Ice/compression/elevation, ankle pumps, patellar mobility, heel-prop/prone-hang extension, assisted heel slides, quad sets/NMES, straight-leg raise only without lag, and hip/core work.

Phase 2 | Controlled motion (3-6 weeks)

- **Priorities:** Maintain full extension; progress flexion toward 120 degrees; minimize swelling.
- **Protection:** Continue partial weight bearing and brace use. Unlocking for gait requires the surgeon's order and adequate quadriceps control.
- **Therapy focus:** Gentle bike for ROM, calf raises, hip/core strength, double-leg balance, and continued assisted ROM.
- **Therapy focus:** Do not force flexion or begin loaded twisting/deep squat activity.

Phase 3 | Restore gait and strength (6-12 weeks)

- **Priorities:** Normalize gait; regain near-symmetric ROM; build controlled lower-extremity strength.
- **Protection:** Discontinue brace/crutches after 6 weeks only when gait and quadriceps control are adequate. Keep early squats/leg press within 0-60 degrees.
- **Therapy focus:** Bike, pool jogging/flutter kick, leg press, mini-squat/wall slide, step progression, hamstring work as cleared, hip/core strength, and single-leg balance.

Phase 4 | Running and sport (3-6+ months)

- **Priorities:** Restore strength, power, movement quality, and sport readiness.
- **Protection:** Running, plyometrics, and pivoting must not produce pain or swelling.
- **Therapy focus:** Begin interval running after surgeon clearance, full ROM, no effusion, and at least 80% strength/control. Progress to agility and plyometrics.
- **Therapy focus:** Unrestricted sport generally begins at 6+ months with at least 90% strength/hop symmetry and successful graded practice progression.

GENERAL PROGRESSION RULE A mild exercise ache that resolves is acceptable. Back down and contact the care team if pain is sharp, swelling increases, motion is lost, gait/mechanics worsen, or symptoms remain elevated the next day.