Meniscus Surgery

Physical Therapy Protocol · Partial Meniscectomy & Meniscus Repair

Based on the 2024 EU-US Meniscus Rehabilitation Consensus (ESSKA–AOSSM–AASPT) and current reviews. Rehabilitation differs significantly between meniscectomy (criterion-based) and repair (time- and criterion-based).

AT A GLANCE

MENISCECTOMY	Criterion-based; WBAT immediately, crutches for comfort only
REPAIR — STABLE TEARS	Ramp/vertical: weight bearing as tolerated immediately
REPAIR — COMPLEX TEARS	Root/radial: 6 weeks non-weight bearing
RETURN TO ACTIVITY	Meniscectomy: criterion-based · Repair: ≥4 months minimum

KEY PRECAUTIONS

- Repair: ROM limited per surgeon (commonly 0°–90°) for first 6 weeks; avoid deep flexion and pivoting.
- Persistent joint-line tenderness after repair may indicate delayed or failed healing — communicate with the surgeon before progressing.

PHASED REHABILITATION

A · PARTIAL MENISCECTOMY — EARLY	Weeks 0–2
GOALS	• Control pain/effusion • Restore ROM and gait
INTERVENTIONS	• Weight bearing as tolerated; crutches for comfort • Quad sets, SLR, heel slides, ankle pumps • ROM as tolerated; cryotherapy
CRITERIA TO ADVANCE	• Minimal effusion • Comfortable full weight bearing

A · PARTIAL MENISCECTOMY — PROGRESSIVE	Weeks 2–6
GOALS	• Full ROM, no effusion, normalized gait
INTERVENTIONS	• Full weight bearing • Progressive CKC exercises (squats, leg press, step-ups) • Stationary bike; balance training
CRITERIA TO ADVANCE	• Full ROM • No effusion • Normalized gait

A · PARTIAL MENISCECTOMY — RETURN TO ACTIVITY	Weeks 6–12
GOALS	• Return to running and sport
INTERVENTIONS	• Progressive strengthening; sport-specific training • Running when pain-free with full ROM and adequate quad strength
CRITERIA TO ADVANCE	• No effusion • Full ROM • Strength LSI ≥90% • No joint-line tenderness

B · MENISCUS REPAIR — PROTECTION	Weeks 0–6
GOALS	• Protect the repair while restoring safe motion
INTERVENTIONS	• Complex/unstable tears (root, radial): 6 weeks non-weight bearing • Stable tears (ramp, vertical): weight bearing as tolerated immediately • ROM limited per surgeon (commonly 0°–90°); avoid deep flexion and pivoting • Quad sets, SLR, prone hangs for extension
CRITERIA TO ADVANCE	• Surgeon clearance to progress weight bearing and ROM

Guideline only — individualize per intraoperative findings and patient response. Questions: contact Dr. Pettit's office.

B · MENISCUS REPAIR — PROGRESSIVE LOADING	Weeks 6–12
GOALS	• Full weight bearing and full ROM • Initiate strengthening
INTERVENTIONS	• Progressive weight bearing to full • ROM advanced to full • CKC strengthening initiated
CRITERIA TO ADVANCE	• Full ROM without effusion • Normalized gait

B · MENISCUS REPAIR — RUNNING & RETURN	Weeks 12–16+
GOALS	• Running progression, then return to activity
INTERVENTIONS	• Running progression when criteria met (no effusion, full ROM, adequate strength)
CRITERIA TO ADVANCE	• Return to activity ≥4 months minimum • Absence of joint-line tenderness and effusion (persistent tenderness may indicate delayed/failed healing)

GUIDING PRINCIPLES

This protocol follows criterion-based progression over rigid time-based advancement; phased rehabilitation balancing tissue healing with controlled stress application; objective milestones (ROM, strength LSI, functional testing) to guide phase transitions; individualization based on surgical findings, tissue quality, and patient factors; and ongoing surgeon–therapist communication throughout recovery.

REFERENCES

1. Pujol N, Giordano AO, Wong SE, et al. The Formal EU-US Meniscus Rehabilitation 2024 Consensus (ESSKA-AOSSM-AASPT). Part I — Rehabilitation Management After Meniscus Surgery. Knee Surg Sports Traumatol Arthrosc. 2025.

2. Monson JK, Tollefson LV, LaPrade CM, LaPrade RF. Current Rehabilitation Principles Following Meniscus Repairs. Curr Rev Musculoskelet Med. 2025;18(9):331-343.

3. Prill R, Ma CB, Wong SE, et al. The Formal EU-US Meniscus Rehabilitation 2024 Consensus. Part II — Prevention, Non-Operative Treatment and Return to Sport. Knee Surg Sports Traumatol Arthrosc. 2025.

4. Nutarelli S, Delahunt E, Cuzzolin M, et al. Home-Based vs Supervised Rehabilitation Following Knee Meniscectomy: Systematic Review and Meta-Analysis. JAMA Netw Open. 2021;4(5):e2111582.

For clinical use by licensed physical therapists treating patients of Robert Pettit, MD. This document is a rehabilitation guideline, not a substitute for clinical judgment. Progression must be individualized based on intraoperative findings, tissue quality, and patient response. Scan the QR code for the current version of this protocol.