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Post-Operative Protocol- Meniscus Repair

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

\_\_\_\_\_ Provide patient with home exercise program

0-4 Weeks: TDWB in brace in extension with crutches

- Brace in extension for sleeping 0-2 wks.
- Active/Passive ROM 0-90 degrees
- Quad sets, SLR, Heel Slides
- Patellar Mobilization

4-6 Weeks: Advance to 50% PWB with crutches

- May unlock brace
- Progress with ROM until full
- No weight bearing with knee flexion past 90 degrees

6-8 Weeks: WBAT with brace unlocked

- D/C brace when quad strength adequate
- D/C crutches when gait normalized
- Wall sits to 90 degrees

8-12 Weeks: WBAT without brace

- Full ROM
- with closed chain exercises
- Lunges from 0-90 degrees
- Leg press 0-90 degrees
- Proprioception exercises
- Begin Stationary Bike

12-16 Weeks: Progress Strengthening exercises

- Single leg strengthening
- Begin jogging and progress to running
- Sports specific exercise

\_\_\_\_\_ Other:

Modalities: \_\_\_\_\_ Electric Stimulation \_\_\_\_\_ Ultrasound \_\_\_\_\_ Heat before/Ice after

Frequency: \_\_\_\_\_ x/ week x \_\_\_\_\_ weeks

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