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ORTHOPEDIC ASSOCIATES OF DALLAS
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Meniscus Tear

NON-OPERATIVE REHABILITATION PROTOCOL

PHASE	RANGE OF MOTION	BRACE / WEIGHT BEARING	THERAPEUTIC EXERCISE
Phase I **0–2 weeks** GOAL TO ADVANCE *Pain and swelling controlled; full extension*	Pain-free motion; restore full extension (heel prop); flexion as tolerated; bike for motion	Weight bearing as tolerated; crutches for a few days if limping. Avoid deep squatting, kneeling and pivoting*	Quad sets with e-stim if needed, straight-leg raises, heel slides, hip abduction, calf raises; ice, compression, elevation
Phase II **2–6 weeks** GOAL TO ADVANCE *Full pain-free motion; normal gait*	Full	Full	Mini-squats and leg press 0-60°, step-ups, bridges, hamstring curls, hip and core strengthening, single-leg balance; bike, elliptical, swimming (flutter kick)
Phase III **6–12 weeks** GOAL TO ADVANCE *Strength ≥80% of other side; no swelling with activity*	Full	Full	Progressive gym strengthening, single-leg work, step-downs, perturbation training; return-to-run program once strength ≥80%
Phase IV **12+ weeks** GOAL TO ADVANCE *Strength and hop tests ≥90%; no locking or catching*	Full without discomfort	—	Agility, plyometrics, cutting and sport-specific drills; return to sport**. Continue home strengthening 2-3 times per week

NOTES

*Deep squatting, kneeling and twisting on a bent knee load the torn meniscus the most

**If approved by physician. Phases advance by meeting goals, not the calendar. Call the office if the knee locks, catches, gives way, or swelling and pain persist after 6-12 weeks of therapy