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Arthroscopic Meniscal Repair Rehabilitation

Arthroscopic meniscal repair is a minimally invasive surgical procedure used to treat a torn meniscus in the knee. During the procedure, the surgeon uses small incisions and a camera to visualize the knee joint and repair the tear with sutures. Unlike a meniscectomy, where part of the meniscus is removed, this procedure aims to preserve the meniscus and restore its function, which is vital for knee joint health and long-term mobility.

Rehabilitation Goals

- Protect the repaired meniscus while it heals
- Restore range of motion (ROM)
- Rebuild muscle strength and control
- Return to daily activities, work, and sport safely
- Prevent stiffness and future injury

Expected Recovery Time

Milestone	Timeframe
Weight bearing with crutches	0–6 weeks
Discontinuation of crutches	4–6 weeks
Full range of motion	6–10 weeks
Return to low-impact activities	3–4 months
Return to high-impact sports	5–6 months

Phase 1: Early Post-op (0–2 weeks)

Goals

- Protect the repair site
- Control pain and swelling
- Begin gentle ROM exercises within allowed limits
- Prevent muscle atrophy

Instructions

- Use crutches for walking as instructed (usually non-weight bearing or partial weight bearing)
- Keep the leg elevated and apply ice packs for 15–20 minutes every 2–3 hours
- Keep incisions dry; follow wound care instructions
- Wear any prescribed knee brace locked in extension unless instructed otherwise

Exercises

- Ankle pumps
- Quadriceps sets (isometric)
- Straight leg raises (only if able without pain or knee lag)
- Passive knee flexion to surgeon-prescribed limit (often 0–90°)

Phase 2: Controlled Motion (2–6 weeks)

Goals

- Gradually increase ROM (as prescribed)
- Begin weight bearing as tolerated (if allowed)
- Improve muscle control and reduce limping

Instructions

- Continue using brace and crutches as advised
- Avoid twisting, pivoting, or deep knee bending
- Continue icing after exercise or if swelling increases

Exercises

- Heel slides (within allowed ROM)
- Patellar mobilizations
- Standing weight shifts
- Stationary cycling (without resistance once cleared)
- Straight leg raises in all planes

Phase 3: Strengthening Phase (6–12 weeks)

Goals

- Restore full ROM
- Improve quadriceps and hamstring strength
- Normalize gait

Instructions

- Wean off crutches and brace as directed
- Continue to avoid high-impact or pivoting activities

Exercises

- Mini squats (0–45° initially)
- Step-ups and step-downs
- Leg press (light resistance, limited ROM)
- Resistance band exercises (hip and knee)
- Core and balance work (single-leg stands, wobble board)

Phase 4: Advanced Strengthening & Functional Training (3–5 months)

Goals

- Restore dynamic knee control
- Build endurance and coordination
- Prepare for sport-specific activities

Instructions

- Gradually reintroduce functional movements
- Increase exercise intensity and complexity

Exercises

- Lunges and deeper squats (as tolerated)
- Plyometric drills (e.g. hopping, bounding)
- Agility drills (side steps, ladder drills)
- Sport-specific drills (non-contact)

Phase 5: Return to Sport (5–6+ months)

Goals

- Achieve full strength and neuromuscular control
- Return safely to full sports participation
- Ensure confidence in knee function

Instructions

- Continue sport-specific training
- Undergo clearance assessment by your surgeon or physiotherapist before return to play

Exercises

- Full agility and sprint drills
- Cutting and pivoting activities
- Jump training and landing mechanics
- Continue general strength and conditioning

When to Contact Your Surgeon

- Persistent or increasing pain not relieved by rest or medication
- Signs of infection (e.g. redness, warmth, discharge, or fever over 38°C)
- Excessive swelling that does not decrease with elevation and ice
- Inability to bear weight when expected to be able to
- New clicking, locking, or giving way of the knee

Disclaimer:

Note: This is a general guideline. Your physiotherapist or surgeon may adjust the protocol based on your specific condition and progress.