DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Post-Operative Physical Therapy Protocol

Meniscus Repair

Northwell Health • Department of Orthopedic Surgery & Sports Medicine • Dr. Kaisen Yao, MD

Patient Name	Date of Surgery	Prescribing Surgeon
		Dr. Kaisen Yao, MD

General Guidelines & Precautions

- Weight-bearing and range-of-motion restrictions are more conservative than meniscectomy to protect the repair while it heals — follow brace and weight-bearing orders closely.
- Avoid deep flexion, pivoting, and twisting until the repair has sufficiently healed.
- Prioritize swelling control with ice, compression, elevation, and ankle pumps.
- Contact the surgeon for fever, calf pain, excessive drainage, uncontrolled pain, or rapidly increasing swelling.

PHASE I
Protected Healing

TIMEFRAME
WEEKS 0–4

Goals:
Protect the repair, control pain and effusion, achieve full passive extension, and restore quadriceps activation.

Precautions:
Weight bearing and range of motion as specified by the surgeon — typically touch-down to partial weight bearing in a brace locked or limited in extension, with flexion generally restricted to about 90° in the first weeks; avoid pivoting, twisting, and deep squatting.

Interventions:
Cryotherapy, compression, elevation, ankle pumps, patellar mobilizations, gentle heel slides within allowed range, extension stretching, quad sets, straight-leg raises, and hip/core strengthening.

Criteria to Progress:
Full passive extension, flexion progressing per protocol, minimal effusion, and good quadriceps control.

PHASE II

Progressive Motion & Weight Bearing

TIMEFRAME

WEEKS 4–8

Goals:
Progress to full weight bearing and full range of motion as cleared, wean from the brace, and normalize gait.

Interventions:
Progress closed-chain strengthening with mini-squats and leg press in a protected range, stationary bike once flexion allows, bridges, hamstring strengthening, and balance/proprioception drills.

Precautions:
Continue to avoid deep flexion beyond surgeon limits, pivoting, and twisting.

Criteria to Progress:
Full weight bearing without an assistive device, minimal effusion, and improving single-leg control.

PHASE III

Strengthening & Neuromuscular Control

TIMEFRAME

WEEKS 8–16

Goals:
Restore full strength and range of motion, and build dynamic balance and control for higher-level function.

Interventions:
Progress step-downs, split squats, single-leg strengthening, core and hip training, elliptical, cycling, and more advanced proprioceptive drills.

Functional Focus:
Emphasize symmetrical mechanics during squatting, stair negotiation, and single-leg activities.

Criteria to Progress:
No reactive swelling, full range of motion, adequate strength relative to the uninvolved side, and good control with single-leg tasks.

PHASE IV

Return to Running, Agility & Sport

TIMEFRAME

4–9 MONTHS

Goals:
Safely progress running, plyometrics, and agility training, and restore confidence for return to sport.

Interventions:
Criterion-based walk-jog progression, double-leg then single-leg plyometrics, cutting and pivoting drills as tolerated, and sport-specific retraining.

Return to Sport/Work:
Cutting, pivoting, and deep-flexion sports are typically restricted until the repair is fully healed (often 4–6 months or longer) and should follow surgeon and therapist clearance.

Discharge Criteria:

Full range of motion, no effusion, symmetrical strength and functional testing, and safe mechanics during advanced dynamic and pivoting tasks.

This protocol is a general guideline for an isolated meniscus repair. Weight-bearing and motion restrictions should be individualized by the treating physical therapist in coordination with Dr. Yao's office based on tear pattern, repair technique, and healing potential.