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REHAB PROTOCOL: Arthroscopic Meniscus Repair- Vertical Tear

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-6)

Weightbearing: As tolerated with crutches

Hinged Knee Brace: worn for 4 weeks post-op

- Locked in full extension for ambulation and sleeping – remove for hygiene and PT (**Weeks 0-2**)
- Unlocked for ambulation and removed while sleeping, for hygiene and PT (**Weeks 2-4**)

Range of Motion: AAROM → AROM as tolerated

- **Weeks 0-4:** Full ROM – No weightbearing at flexion angles greater than 90°
- **Weeks 4-6:** Full ROM as tolerated – progress to flexion angles greater than 90°

Therapeutic Exercises

- Quad/Hamstring sets, heel slides, straight leg raises, co-contractions
- Isometric abduction and adduction exercises
- Patellar Mobilizations
- **At 4 Weeks:** can begin partial wall-sits – keep knee flexion angle less than 90°

Phase II (Weeks 6-12)

Weightbearing: As tolerated -- discontinue crutch use at 6 weeks if still using

Hinged Knee Brace: Discontinue brace use when patient has achieved full extension with no evidence of extension lag

Range of Motion: Full active ROM

Therapeutic Exercises

159 East 74th Street
New York, NY 10021
Tel: 212-737-3301 Fax: 212-734-0407

2 Overhill Rd, Suite 310
Scarsdale, NY 10583
Tel: 914-725-6970 Fax: 914-725-6972

1600 Stewart Ave, Suite 100
Westbury, NY 11590
Tel: 516-243-8506 Fax: 212-734-0407

1870 Richmond Road
Staten Island, NY 10306
Tel: 718-285-7118 Fax: 212-734-0407

161 Atlantic Avenue
Brooklyn, NY 11201
Tel: 212-737-3301 Fax: 212-734-0407

200 West 13th Street, 6th Floor
New York, NY 10077
Tel: 212-737-3301 Fax: 212-734-0407

9226 Kennedy Boulevard
North Bergen, NJ 07047
Tel: 212-737-3301 Fax: 212-734-0407

- Closed chain extension exercises, Hamstring strengthening
- Lunges – 0-90°, Leg press – 0-90°
- Proprioception exercises
- Begin use of the stationary bicycle

Phase III (Weeks 12-16)

Weightbearing: Full weightbearing with normal gait pattern

Range of Motion – Full/Painless ROM

Therapeutic Exercises

- Continue with quad and hamstring strengthening
- Focus on single-leg strength
- **Begin jogging/running**
- Plyometrics and sport-specific drills

Phase IV (Months 4-6)

Gradual return to athletic activity as tolerated

Maintenance program for strength and endurance

Comments: Patients should avoid tibial rotation for 4-6 weeks post-op

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____