



Meniscectomy Rehabilitation Protocol

Phase I (0–1 Week)

- Control pain and swelling
- Achieve full knee extension
- Initiate quadriceps activation
- Weight bearing as tolerated with crutches as needed
- Avoid pivoting or twisting
- Avoid prolonged standing or walking early
- Cryotherapy, compression, elevation
- Quadriceps sets and straight leg raises
- Ankle pumps
- Heel slides
- Patellar mobilizations

Phase II (1–3 Weeks)

- Restore knee range of motion
- Normalize gait without assistive device
- Improve quadriceps control
- Avoid running or deep squatting
- Avoid twisting or pivoting activities
- Stationary bike with no resistance initially, progress as tolerated
- Mini squats and heel raises
- Step-ups
- Balance training
- Continue quadriceps and hip strengthening

Phase III (3–6 Weeks)

- Regain full range of motion
- Progress functional strength
- Return to daily activities without limitation
- Avoid impact activity until cleared



Meniscectomy Rehabilitation Protocol

- Progressive resistance exercises
- Closed-chain strengthening (leg press 0–60°, wall sits)
- Core and hip strengthening
- Advance balance and proprioceptive training
- Low-impact cardiovascular exercise (bike, elliptical, swimming)

Phase IV (6+ Weeks)

- Return to full functional activity
- Prepare for sport or work demands
- Avoid high-impact or contact activity until cleared
- Advanced strengthening
- Agility ladder and plyometrics if appropriate
- Running progression
- Sport or work-specific drills
- Long-term maintenance program

Key Notes for Meniscectomy Rehabilitation

- Rehabilitation after meniscectomy is typically faster than meniscus repair because there are no biological healing restrictions.
- Early focus should be on restoring range of motion, controlling swelling, and activating the quadriceps.
- Progression to strengthening and functional activity typically occurs quickly.
- Return to unrestricted activity may occur around 6–8 weeks depending on symptoms, strength, and functional testing.

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