Meniscus Repair Rehab Protocol: Accelerated

Rehabilitation after repair of a simple longitudinal meniscal tear

Physiotherapy after repair of a simple longitudinal meniscal tear. Associate Professor Chinmay Gupte, PhD, FRCS (Tr & Orth). Version 2026. Last reviewed: [MONTH] 2026.

A simple longitudinal meniscal repair follows the accelerated protocol, and most people are walking without crutches or a brace well before two months. The ring of the meniscus is intact, so it can still carry load safely. The restrictions that remain are on deep loaded bending and on twisting, both of which continue for three months.

> **Why the protocol depends on your tear.** The meniscus works as a ring. Circumferential fibres run around it and convert the load passing through the knee into tension around that ring, which is called hoop stress. A simple longitudinal tear leaves the ring intact, so the meniscus still carries load and rehabilitation can move quickly. A radial tear or a root detachment breaks the ring, so load is no longer converted safely and the repair has to be protected from weight bearing for much longer. A bucket handle tear sits between the two.
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> [LIT] This is the biomechanical rationale set out in the published evidence based meniscal repair protocols, which recommend accelerated rehabilitation where hoop tensile stress is preserved and a restricted protocol where the circumferential fibres are disrupted.

> **This protocol is for a repaired simple longitudinal tear, where the ring of the meniscus is intact.** If you had a bucket handle tear repaired, see the bucket handle protocol. If you had a radial tear or a root repair, see the radial and root repair protocol, which is considerably more restrictive.

Weight bearing and bracing

[CONFIRM: weight bearing status and whether a brace is used at all in the accelerated protocol. The text below assumes full weight bearing as tolerated from the outset with no brace, which is the usual accelerated approach, but this needs your confirmation.]

Timing	Weight bearing	Brace	Range
Weeks 0 to 2	Full as tolerated with crutches for confidence	None, or for comfort only	As tolerated, avoiding loaded flexion beyond 90 degrees
Weeks 2 to 6	Full, weaning crutches as gait normalises	None	Progress towards full
From 6 weeks	Full, no crutches	None	Full

Precautions for the first 3 months, whatever your tear

- **No deep loaded flexion.** Deep squatting, lunging below 90 degrees and kneeling into deep bend all compress the repair
- **No loaded twisting or torsion.** Pivoting on a planted foot is the movement that undoes meniscal repairs
- Full extension is a priority from the outset. If you have not achieved it by 4 weeks, tell your surgeon [LIT]
- Avoid weight bearing with the knee bent beyond 90 degrees in the early phases

Phase by phase

Weeks 0 to 2

Goals: settle swelling, full extension, quadriceps activation, normal walking pattern.

- Ice, compression and elevation
- Patellar mobilisations
- Quadriceps sets and straight leg raise, working towards no extension lag
- Heel slides within comfort
- Calf and ankle work
- Gluteal work: bridging, clam shells, side lying abduction

Weeks 2 to 6

Goals: full range, normal gait without crutches, early strength.

- Static bike from around 2 weeks as range allows, low resistance
- Mini squats and leg press within 90 degrees
- Step ups and controlled step downs
- Single leg balance progressing to unstable surfaces
- Progressive gluteal and calf strengthening

6 weeks to 3 months

Goals: build strength while the deep flexion and torsion restrictions still apply.

- Progressive resistance training through the whole limb, staying above 90 degrees of flexion under load
- Single leg progression: single leg press, step downs, single leg squats within range
- Swimming and cycling from 2 months. Avoid breaststroke
- Balance and proprioception with perturbation

From 3 months

The restrictions on deep loaded flexion and loaded twisting lift. Introduce deeper loading and rotational work gradually, then progress towards impact once the criteria below are met.

For the national guidance on when meniscus surgery is recommended, see our summary of the BASK meniscal surgery guidelines.

Shared milestones

These apply to every meniscal repair, on top of the weight bearing and bracing specific to your tear.

Milestone	Timing
Full weight bearing, no crutches, no brace	By 2 months
Swimming and cycling	By 2 months. Avoid breaststroke
Deep loaded flexion, loaded twisting and torsion	Not before 3 months
Impact loading and treadmill running	When the limb symmetry criteria below are met, usually 4 to 6 months
Return to sport	On passing the return to sport battery

Return to impact and return to sport

Impact loading and treadmill running begin when the limb symmetry criteria are met, which is usually somewhere between four and six months. The date is the consequence of the testing, not the trigger for it.

Criteria to start impact loading and treadmill running

- Full pain free range of movement
- No effusion
- Quadriceps and hamstring strength at the required limb symmetry index [CONFIRM THRESHOLD]
- Good single leg control on squat and step down, with no knee collapsing inwards
- Past the 3 month restriction on deep loaded flexion and loaded torsion

Return to sport battery

- **Strength:** quadriceps and hamstrings at 90% or more of the other leg by dynamometry [CONFIRM THRESHOLD]
- **Hop tests:** 90% or more across single hop, triple hop, crossover hop and timed hop, with good landing mechanics
- **Balance:** Y-Balance composite, assessed for side to side difference
- **Clinical:** full range of movement, no effusion, no joint line pain on loading
- **Functional:** pivoting and cutting drills completed without pain or swelling
- **Surgeon clearance** before returning to pivoting or contact sport

Driving after surgery

Driving is self certified. There is no fixed date at which you are allowed to drive. You may drive when you can perform an emergency stop and any evasive manoeuvre without your operated knee hindering the movement. Only you can judge that, and it varies considerably between people.

As a guide:

- **Operated right knee:** we would not usually advise driving before 6 weeks
- **Manual car, either knee:** we would not usually advise driving before 6 weeks
- **Operated left knee in an automatic car:** often possible earlier, once you can meet the test above

There are no additional restrictions specific to this repair beyond the guidance above.

You should also be off opioid painkillers and anything else affecting your reactions, and able to get in and out of the car independently. Try the emergency stop in a stationary car first, then in a quiet car park before driving on the road.

Tell your insurer. Driving before you are medically fit can invalidate your policy if you are involved in an accident. **The DVLA usually does not need to be told** about recovery from surgery, unless you are still unable to drive three months afterwards or your surgeon advises it.

Frequently asked questions

How long does recovery take after a meniscus repair?

For a simple longitudinal repair, walking without crutches comes early and most people are unrestricted for everyday activity by two months. Deep loaded bending and twisting wait until three months, and running and sport follow when the strength and control criteria are met, usually between four and six months.

Why can't I squat deeply or twist for three months?

Deep loaded bending compresses the repair and loaded twisting shears it. Those two movements are the ones most likely to undo a meniscal repair, which is why the restriction runs for three months regardless of how well the knee feels.

When can I swim or cycle after a meniscus repair?

Both by two months. Static cycling with low resistance often starts earlier as range allows. Avoid breaststroke, because the leg kick combines deep bend with rotation.

When can I run after a meniscus repair?

Impact loading and treadmill running start when the limb symmetry criteria are met, usually between four and six months. It is decided by testing rather than by the calendar.

Why is my protocol faster than someone else's meniscus repair?

Because the type of tear determines the protocol. A simple longitudinal tear leaves the ring of the meniscus intact so it can still carry load. A radial or root tear breaks that ring, and those repairs need much longer protection from weight bearing.

References

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4. Perkins B, Gronbeck KR, Yue RA, Tompkins MA. Similar failure rate in immediate post-operative weight bearing versus protected weight bearing following meniscal repair on peripheral, vertical meniscal tears. *Knee Surgery, Sports Traumatology, Arthroscopy* 2018;26(8):2245 to 2250.
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About this protocol

Rehabilitation protocol for repair of a simple longitudinal meniscal tear, used by Associate Professor Chinmay Gupte, PhD, FRCS (Tr & Orth), MA (Oxon), BMBCh (Oxon), consultant knee and sports injury surgeon, London. Version 2026. Last reviewed [MONTH] 2026. Next review due [MONTH] 2027.

Weight bearing, bracing and range restrictions are set by the operating surgeon. Progression criteria and the return to sport battery draw on published meniscal repair rehabilitation literature.

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This protocol is a general guideline and does not replace the specific instructions given by your own surgeon and physiotherapist. If you are being treated elsewhere, please share this document with your physiotherapist together with your operation note.