PROCEDURE

Rehabilitation for a meniscus tear

A supervised exercise program that helps restore knee movement, strength, and function after a meniscus tear.

PURPOSE
Improve knee movement, strength, stability, and function

PROCEDURE TYPE
Therapeutic, non-invasive exercise-based care

WHERE IT IS DONE
Outpatient clinic and home

ANAESTHESIA
None

HOW LONG IT TAKES
Usually 30 to 60 minutes per session

PREPARATION
Wear comfortable clothing and bring relevant reports or equipment

RECOVERY
Same day; driving depends on safe control of the leg

MAIN RISKS
Temporary pain, swelling, falls, or further knee injury

RESULTS
Progress assessed at each visit and over several weeks

Overview

Rehabilitation for a meniscus tear is a structured program of exercises and activity changes. It is usually supervised by a physiotherapist or physical therapist, with exercises completed at home between appointments.

The menisci are two C-shaped pads of tough cartilage inside each knee. They help spread weight across the joint and support stability. A meniscus can tear during a twisting injury or become damaged gradually as the knee ages.

Rehabilitation may be the main treatment for a tear, especially when the knee is not locked and symptoms are improving. It is also used after meniscus surgery. The plan after a meniscus repair is usually more protective than the plan after removal of a damaged portion, called a partial meniscectomy.

Rehabilitation cannot guarantee that the torn tissue will return to its original shape. Its purpose is to improve how the knee moves and functions while controlling pain and swelling.

Why the procedure is performed

Rehabilitation aims to help you:

For many age-related or degenerative tears, exercise-based treatment can provide similar long-term improvements in function to arthroscopic partial meniscectomy. Surgery may still be appropriate when there is persistent mechanical trouble, a displaced tear, or symptoms that do not improve with suitable non-surgical care.

- Reduce knee pain and swelling
- Regain the ability to fully straighten and bend your knee
- Strengthen the thigh, hip, and lower-leg muscles
- Improve balance and control during movement
- Return safely to work, daily activities, or sport
- Protect healing tissue after meniscus surgery

Who should and should not have it

Rehabilitation may be offered when a meniscus tear causes pain, swelling, weakness, or reduced function but the knee can still move. It may also be recommended before surgery to improve movement and strength, or afterward as part of recovery.

It can be suitable for many traumatic and age-related tears. The exact program should account for the tear, other knee injuries, your general health, and the activities you hope to resume.

Routine rehabilitation may need to be delayed or changed if you have:

After surgery, the surgeon's restrictions take priority. Some repaired tears require limits on weight-bearing, knee bending, or twisting while the tissue heals. A standard program should not replace these instructions.

- A knee that is physically locked and cannot fully straighten
- A displaced tear that may need prompt surgical assessment
- A possible fracture or major ligament injury
- A hot, red, very swollen knee or suspected joint infection

- New calf swelling or suspected blood clot
- A wound problem after recent surgery
- Medical or balance problems that make exercise unsafe without added support

How to prepare

The treating facility's own instructions take priority because your plan may be affected by surgery, a brace, crutches, or another knee injury.

Fasting and anaesthesia are not normally needed. Take your usual medicines unless your healthcare team has given different instructions.

Wear loose clothing that allows the therapist to see and move your knee. Shorts or flexible trousers are helpful. Bring any brace, crutches, walking aid, referral, imaging report, or surgical instructions you have received.

Think about the activities that matter most to you, such as using stairs, kneeling at work, caring for family, or returning to a particular sport. These goals help shape the program.

What happens during the procedure

At the first appointment, the therapist asks about your injury, symptoms, work, sports, and treatment so far. They may observe how you walk and check swelling, knee movement, muscle strength, balance, and tasks such as sitting down or climbing a step.

Treatment usually starts with exercises that match what your knee can safely manage. These may include:

The therapist may also use hands-on techniques to help movement or discuss ways to manage swelling. Ice, compression, or temporary activity changes may be suggested, but exercise and gradual loading are the main parts of rehabilitation.

Your home program is usually short and specific. Exercises are progressed as movement, strength, and confidence improve. Sharp pain, repeated catching, or increasing swelling may lead to a reassessment rather than simply harder exercise.

- Gentle bending and straightening exercises
- Thigh muscle contractions and leg raises
- Hip and calf strengthening

- Supported squats, step exercises, or stationary cycling
- Balance and movement-control exercises
- Later, running, jumping, or sport-specific drills

Recovery and what to expect afterward

Some muscle tiredness or mild discomfort is common after a session. Pain should generally settle rather than continue to build. New sharp pain, marked swelling, or loss of movement is a reason to reduce the activity and contact your therapist.

You may eat and drink normally before and after rehabilitation.

Activity is increased in stages. Early goals often include comfortable walking and full knee straightening. More demanding work, running, pivoting, and contact sports require greater strength and control. After surgery, progression may be slower to protect the repaired tissue.

You can often drive after a routine appointment if you can walk safely and control the pedals without pain or hesitation. Do not drive if a brace limits movement, you cannot make an emergency stop, or you are taking medicine that affects alertness. Follow any surgical driving restriction.

Return to work is based on your duties. Desk work may be possible sooner than work involving prolonged standing, lifting, kneeling, climbing, or uneven ground. Your therapist can help plan temporary changes and a gradual return.

Risks and possible complications

Rehabilitation is non-invasive, but it is not risk-free. Possible problems include temporary soreness, increased swelling, loss of balance, or aggravation of the knee if activity progresses too quickly.

A poorly matched program could place too much stress on a healing repair. This is why postoperative limits and the type of surgery matter.

Symptoms can also persist despite appropriate rehabilitation. Ongoing locking, repeated giving way, or failure to regain function may mean the knee needs another assessment. Continuing exercise without reassessment could delay treatment of a displaced tear or another injury.

Results and follow up

Progress is measured over time rather than from one session. Your therapist may track pain, swelling, knee movement, strength, walking, balance, and your ability to perform work or sport-related tasks.

Improvement often develops over several weeks. The timeline is influenced by the tear, whether surgery was performed, how limited the knee was at the start, and how consistently the program can be followed.

Routine follow-up is used to adjust exercises and decide when you can safely increase activity. If progress stops, the therapist or referring clinician may reconsider the diagnosis, arrange further assessment, or discuss a surgical opinion.

After surgery, follow-up with the surgical team remains important even when rehabilitation is going well.

Alternatives

The realistic alternatives depend on the tear and what the knee is doing.

Self-managed activity changes and home exercise avoid clinic visits and may be enough for mild, improving symptoms. They provide less supervision, and it may be harder to judge safe progression or correct poor movement patterns.

Observation without structured exercise allows time for symptoms to settle but may leave weakness, stiffness, or reduced confidence unaddressed.

Pain-relieving medicines may make movement easier but do not repair the meniscus or restore strength. Their risks depend on the medicine and your health.

A joint injection may reduce pain from inflammation or arthritis in selected cases. It does not repair a meniscus tear and may not relieve mechanical catching or locking.

Meniscus repair surgery uses keyhole surgery to stitch suitable tears. It may preserve more meniscus tissue, but it involves anaesthesia, surgical risks, and a longer, more restricted rehabilitation period.

Arthroscopic partial meniscectomy removes the unstable damaged portion. Recovery may be faster than after repair, but less meniscus remains to protect the joint. For many degenerative tears without locking, surgery may not improve long-term function more than exercise therapy.

Choosing no further treatment is also an option if symptoms are minor and acceptable, although worsening function should be reassessed.

When to call your healthcare team

Contact your therapist or healthcare team promptly if you develop increasing swelling, worsening pain, repeated giving way, new catching, or difficulty following the exercise plan. A knee that becomes locked and cannot straighten needs urgent assessment.

After surgery, seek prompt advice for wound drainage, spreading redness, fever, or pain that is worsening instead of settling.

New one-sided calf pain or swelling requires urgent medical assessment because it can be a sign of a blood clot.

Call emergency services for chest pain, sudden shortness of breath, coughing up blood, fainting, or another severe and rapidly developing symptom.

Questions about exercise progression, work restrictions, or expected soreness can usually wait for routine follow-up.

Common questions

Will I be asleep?

No. Rehabilitation is completed while you are awake and does not require anaesthesia.

Can I drive home afterward?

Usually, if you can safely control the vehicle. Do not drive if pain, weakness, a brace, surgery restrictions, or medication affects your control or alertness.

How painful is it?

Exercises may cause mild discomfort or muscle fatigue. Sharp pain, repeated catching, or swelling that keeps increasing is not a goal and should be reported.

When will I know if it is working?

Your movement and function are checked at each visit. Meaningful improvement usually becomes clearer over several weeks rather than after one session.

Will rehabilitation heal the tear?

It may help some tears settle and can greatly improve knee function, but it does not guarantee that torn tissue will reconnect. Success is often measured by comfort, movement, strength, and return to activity.

Can I avoid surgery?

Many people, particularly those with degenerative tears and no locked knee, improve with

exercise-based treatment. A displaced tear, persistent locking, or symptoms that remain limiting may still require a surgical assessment.

Sources

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