

Knee Meniscus Tear — Your Home and Gym Exercise Plan



WHAT IS HAPPENING?



The meniscus is a rubbery cushion inside your knee, and yours has a wear-and-tear tear — the kind that comes with age rather than from one big injury. For this kind of tear, large studies show that building up the muscles around your knee and hip works as well as surgery for most people, with one exception: if your knee truly locks and gets stuck, call us before you start these exercises.



READ THIS BEFORE YOU START

Read this first. These exercises are general education, not a diagnosis. If you have not been examined for this problem, call us before starting. Stop and read "Stop and get help" on the last page now, so you know the warning signs before you begin.

KEEP THE SUPPORT SHOWN IN THE PICTURE

Where a movement picture is shown, it shows the complete person and the complete safety setup.

How Your Week Fits Together

HOME EXERCISES

- Do the home strength work on **3 days a week that are not back to back** — for example Monday, Wednesday, Friday. If you go to the gym twice that week, those gym days count as 2 of your 3 strength days: on a gym day, skip the sit-to-stand (the leg press already worked that muscle) but still do the bridge and the balance ladder, which take about 5 minutes.

GYM EXERCISES

- Go to the gym **2 days a week, never 2 days in a row**. Those 2 days count as 2 of your 3 strength days for the week.

WHY THESE MOVEMENTS HELP

- **Chair Sit-to-Stand (use your hands):** To build the leg strength you use every day for standing up, stairs, and getting out of the car.
- **Two-Leg Bridge:** To strengthen your buttock muscles and the muscles at the back of your thigh (the hamstrings). These share the load with the front of your thigh and are the muscles that steady your knee when you move.
- **Countertop Balance Ladder:** To retrain the automatic reflexes that keep your knee and hip steady, which is how you protect the knee and lower your chance of a fall. This is the part of the program the surgery-versus-exercise studies were built on.
- **Seated Leg Press:** To build strength in the front of your thigh safely, with your back supported.
- **Seated Hip Abduction (Outer Thigh):** To strengthen the outer hip muscles that keep your knee tracking straight with every step you take.
- **Recumbent Bike:** To keep the joint fluid moving and the knee limber, and to build stamina without pounding the joint.

Towel Hamstring Stretch

Match the setup first. Then move slowly toward the end-position reference.

1 START / SETUP



MATCH THIS SETUP

2 END POSITION



MOVE TO HERE

WATCH THIS

You should feel a gentle stretch, never a sharp pain.

SET UP

Lie on your back on a firm bed. (Only use the floor if you can get down and back up safely on your own.) Bend your good knee and put that foot flat on the bed — do not leave that leg straight. Loop a folded bath towel or a belt around the arch of the foot on your sore leg and hold one end in each hand.

HOW MUCH

Hold 30 seconds. Repeat 3 times on each leg. Do this once or twice a day, 7 days a week.

DO THIS

Keeping the sore knee straight, use the towel to pull that leg up toward the ceiling until you feel a gentle pull at the back of your thigh. Hold there and breathe normally, then lower it slowly.

FORM CHECK

You should feel a gentle stretch, never a sharp pain. Keep both hips flat and level on the bed and keep your head down. Let the towel do the pulling — do not sit up to reach your foot.

Padded Heel Prop for a Straight Knee

Match the setup first. Then move slowly toward the end-position reference.

1 START / SETUP



MATCH THIS SETUP

2 END POSITION



MOVE TO HERE

WATCH THIS

Relax — do not push the knee down with your hands and do not put a weight on it.

SET UP

Lie on your back on a bed, or sit on a couch with your legs stretched out in front of you. Roll up a bath towel until it is about 4 to 6 inches thick. Lay a soft pillow or a folded blanket over the towel so nothing hard presses on your skin, then rest your ankle on top — ankle only, so your calf and the back of your knee hang free with nothing under them.

DO THIS

Let your leg relax completely and let the weight of your leg gently straighten the knee. Do nothing else. Read or watch TV while you hold it.

HOW MUCH

Hold 5 minutes. Do this 2 times a day, 7 days a week.

FORM CHECK

Relax — do not push the knee down with your hands and do not put a weight on it. Let it straighten; do not force it to bend backward past straight. Look at your heel every time you take it off. If the heel is numb, tingling, or red, stop and cut the time to 3 minutes — and if you have diabetes or numb feet, check it after 3 minutes the first few times. Over a few weeks your sore knee should lie closer to as flat as your good one.

Chair Sit-to-Stand (use your hands)

Match the setup first. Then move slowly toward the end-position reference.

1 START / SETUP



MATCH THIS SETUP

2 END POSITION



MOVE TO HERE

WATCH THIS

Your knees should point straight ahead over your middle toes and must not roll inward toward each other.

WHY IT HELPS

To build the leg strength you use every day for standing up, stairs, and getting out of the car.

SET UP

Warm up first by walking easily around the house for 5 minutes. Use a sturdy chair with armrests and **no wheels**, with the back of the chair against a wall so it cannot slide. Set it so a kitchen counter, a walker, or the back of a second sturdy chair is within arm's reach on your sore side. Put both feet flat on the floor about hip-width apart and pull them back so your ankles sit a little behind your knees. If you have fallen in the past year, have someone in the room with you for the first week.

DO THIS

Lean your chest forward over your knees and stand all the way up, **using your hands on the armrests or the counter as much as you need**. Then sit back down under control, taking about 2 seconds to lower yourself — do not drop into the chair. Over several weeks, use your hands less and less, and work toward standing with your arms crossed over your chest.

HOW MUCH

Start with 2 sets of 8. Rest 1 minute between sets. Build up to 3 sets of 10 over 4 to 6 weeks. Do this on your strength days, 3 days a week, on the days you are not doing the leg press.

FORM CHECK

Your knees should point straight ahead over your middle toes and must not roll inward toward each other. Breathe out as you stand up — do not hold your breath. If you feel lightheaded when you come up, sit back down and rest.

Two-Leg Bridge

Match the setup first. Then move slowly toward the end-position reference.

1 START / SETUP



MATCH THIS SETUP

2 END POSITION



MOVE TO HERE

WATCH THIS

Breathe out as you lift; never hold your breath.

WHY IT HELPS

To strengthen your buttock muscles and the muscles at the back of your thigh (the hamstrings). These share the load with the front of your thigh and are the muscles that steady your knee when you move.

SET UP

Lie on your back on a firm bed. (Only use the floor if you can get down and back up safely on your own.) Bend both knees and put both feet flat, about hip-width apart, close enough that you could touch your heels with your fingertips. Rest your arms at your sides, palms down.

DO THIS

Squeeze your buttock muscles and lift your hips off the bed until your knees, hips, and shoulders make one straight line. Stop there — do not go higher and do not arch your back. Hold 3 seconds, then lower slowly over 3 seconds.

HOW MUCH

Start with 2 sets of 10. Rest 1 minute between sets. Hold 3 seconds at the top. Build up to 3 sets of 12 over 4 to 6 weeks. Do this 3 days a week, on your strength days — including gym days.

FORM CHECK

Breathe out as you lift; never hold your breath. Keep both heels down and both feet flat. If you feel a pinch in your lower back, you are lifting too high — lift less. Your shoulders and head stay on the bed the whole time.

Countertop Balance Ladder

Match the setup first. Then move slowly toward the end-position reference.

1 START / SETUP



MATCH THIS SETUP

2 END POSITION



LEVEL 4: LIFT ONE FOOT ABOUT ONE INCH

WATCH THIS

Stand tall and look straight ahead, not down at your feet.

WHY IT HELPS

To retrain the automatic reflexes that keep your knee and hip steady, which is how you protect the knee and lower your chance of a fall. This is the part of the program the surgery-versus-exercise studies were built on.

SET UP

Put on your shoes. Stand facing a kitchen counter with **both hands resting flat on it**, elbows slightly bent, feet hip-width apart. Clear the floor around you. Never do this in the middle of a room, and never let go of the counter completely.

DO THIS

Work through four levels, one at a time. **Level 1:** feet together, side by side and touching. **Level 2:** slide one foot forward so the big toe of the back foot is beside the instep of the front foot. **Level 3:** heel-to-toe, one heel directly in front of the other foot's toes, both feet on one line. **Level 4:** lift one foot about an inch off the floor and stand on the other leg. Move up a level only when you can do all three holds with your fingertips resting lightly on the counter — light enough that you could lift them off for a second without wobbling — and only after two full weeks at the level below. Your hands stay on the counter at every level, including Level 4.

HOW MUCH

3 holds at your current level, 30 seconds each (10 seconds each for Level 4). Rest 30 seconds between holds. On Levels 2, 3, and 4, do 3 holds with each leg in front (or each leg standing). Do this 3 days a week, on your strength days — including gym days. Keep **both** hands on the counter for at least the first 2 weeks, then one hand, then fingertips.

FORM CHECK

Stand tall and look straight ahead, not down at your feet. If you start to sway, press down on the counter and reset — that is what the counter is for. Do not close your eyes.

Seated Leg Press

Match the setup first. Then move slowly toward the end-position reference.

1 START / SETUP



MATCH THIS SETUP

2 END POSITION



MOVE TO HERE

WATCH THIS

On the weight machines, stop at any pain — not at 5 out of 10.

WHY IT HELPS

To build strength in the front of your thigh safely, with your back supported.

SET UP

MACHINE: The upright seated leg press — you sit with your back against a pad and push a footplate that is out in front of you. **Do not use the angled sled version**, the one where you lie back at a slant with the weight stack above you.

Warm up with 5 easy minutes on the recumbent bike first. Slide the seat so that at the starting position your thigh and shin make about a right angle and your hips and tailbone stay flat on the seat. Sit all the way back so your back is flat against the pad. Place both feet flat on the middle of the footplate, hip-width apart, toes pointing straight ahead. Hold the handles at the sides of the seat.

DO THIS

Breathe out and push the footplate away until your legs are almost straight — stop just before your knees lock. Then let it come back slowly over 3 seconds and stop where your thigh and shin make a right angle. That is your deepest point.

HOW MUCH

Start with 2 sets of 10, using a weight light enough that you could have done 15. Rest 90 seconds between sets. Build up to 3 sets of 12 over about 6 weeks. When 12 reps feel easy, add the smallest plate on the stack — usually 5 to 10 pounds — and no more often than once every 2 weeks. 2 days a week, never 2 days in a row.

FORM CHECK

On the weight machines, stop at any pain — not at 5 out of 10. Never let the footplate come back so far that your knees head toward your chest or your hips curl up off the seat. Do not snap your knees straight at the end. Breathe out as you push; never hold your breath. When the set is over, stand up slowly — getting up fast can make you lightheaded.

Seated Hip Abduction (Outer Thigh)

Match the setup first. Then move slowly toward the end-position reference.

1 START / SETUP



MATCH THIS SETUP

2 END POSITION



MOVE TO HERE

WATCH THIS Stop at any pain on this machine, not at 5 out of 10.

WHY IT HELPS

To strengthen the outer hip muscles that keep your knee tracking straight with every step you take.

SET UP

MACHINE: The seated hip abduction machine, usually labeled "Abductor" or "Outer Thigh." The pads sit on the **outside** of your thighs and you push your knees apart. It looks almost identical to the inner-thigh machine, so check the pads before you start.

Sit upright with your back flat against the seat back. Rest your feet on the machine's foot platforms with your knees bent about a right angle. Set the starting width so your knees begin close together but not squeezed. Hold the handles by your hips.

DO THIS

Press your knees outward, away from each other, against the pads. Go only as far as feels comfortable. Hold 2 seconds, then let your knees come back together slowly over 3 seconds.

HOW MUCH

Start with 2 sets of 12 at a light weight. Hold 2 seconds at the widest point. Build up to 3 sets of 15 over about 6 weeks. Do this 2 days a week, on the same 2 days as your leg press.

FORM CHECK

Stop at any pain on this machine, not at 5 out of 10. Sit tall with your back against the pad. Do not lean forward or rock your body to move the weight — if you have to swing or jerk, the weight is too heavy. Breathe out as you push out.

Recumbent Bike

Match the setup first. Then move slowly toward the end-position reference.

1 START / SETUP



MATCH THIS SETUP

2 END POSITION



MOVE TO HERE

WATCH THIS

If your knee aches, the seat is probably too close — move it back one notch.

WHY IT HELPS

To keep the joint fluid moving and the knee limber, and to build stamina without pounding the joint.

SET UP

MACHINE: The recumbent stationary bike — the one with a wide seat, a full backrest, and pedals out in front of you rather than underneath you.

Slide the seat so that at the **farthest** point of the pedal stroke your knee is almost straight but still has a small bend. That is the only seat rule you need. Some knee bend at the near point of the stroke is normal and is fine. Sit back against the backrest and rest your hands on the side handles.

DO THIS

Pedal forward at a steady, easy pace on a low resistance setting. You should be able to hold a conversation the whole time.

HOW MUCH

Start at 10 minutes. Add 2 minutes each week until you reach 25 to 30 minutes. Do this 3 to 5 days a week. On gym days, ride 5 easy minutes of it before the weight machines as your warm-up.

FORM CHECK

If your knee aches, the seat is probably too close — move it back one notch. Do not slide the seat so far back that you have to reach for the pedals or rock your hips side to side. Turn the resistance down before you shorten the ride; time on the bike matters more than how hard it is.

Do Not Do These

- **Do not use the angled sled leg press** (the one where you lie back with the weight above you). If your legs give out mid-set you can be pinned under the load, and the deep position rounds your lower back. Use only the upright seated press.
- **Do not use the seated leg extension machine** (sitting and kicking a padded bar up with your knees hanging free). It is easy to load too heavy and swing the weight on it, and it presses hard on the kneecap. Skip it unless we set it up with you.
- **Do not sit down in the inner-thigh ("Adductor") machine by mistake.** It looks almost the same as the outer-thigh one. Check that the pads are on the **outside** of your thighs.
- **No hack squat machine, Smith machine squat, or barbell squat.** They load the knee in a deep bend and are hard to stop at a safe depth.
- **No deep squatting, garden squats, or kneeling on the floor** — especially while holding something heavy. Use a grabber tool or a low stool instead. Everyday bending is a different thing and is fine: stairs, the toilet, and getting into the car are good for your knee, not bad for it.
- **Do not twist or pivot on a foot that is planted on the ground,** especially while carrying something or standing up from a low seat. Twisting under load is what makes these tears worse. Pick your feet up and take small steps to turn.
- **No running, jumping, jumping-style classes, or the tall stair-climber machine.** These pound the knee and force deep bends over and over.
- **Do not do strength work more than 3 days a week, and never 2 days in a row.** Your week: strength on Monday, Wednesday, and Friday (a gym day replaces the home sit-to-stand, it does not add to it); bike 3 to 5 days; stretches and heel prop every day.
- **Do not rest the knee completely, and do not wear a brace instead of exercising.** Doing nothing makes the thigh muscle weaker and the knee more painful, not less.

Do Not Do These

- **Do not hold your breath when you push a weight or stand up.** It spikes your blood pressure. Breathe out on the hard part of every rep.
- **Do not start the weight machines if your blood pressure has been running higher than about 160/100.** Call us first.
- **Do not exercise on an empty stomach if you take a GLP-1 medicine** (Ozempic, Wegovy, Mounjaro, Zepbound) and you have been nauseated or eating very little — you can get lightheaded standing up from the machines. Eat something small and drink water first. On these medicines you are losing muscle along with weight, so the strengthening work here is not optional.
- **Do not exercise without fast-acting sugar in your pocket if you take insulin or a sulfonylurea pill** (glipizide, glyburide). Check your blood sugar before and after for the first 2 weeks.
- **Do not skip looking at your feet after a gym session if you have diabetes or numbness in your feet.** Check for red spots and blisters.
- **Do not get down on the floor for the lying-down exercises unless you can get back up on your own.** Use a firm bed instead.

Warning Signs and What to Do

- Chest pain, pressure, or tightness; a cold sweat; sudden unusual shortness of breath; a racing or irregular heartbeat; or feeling faint or passing out during or right after exercise. Stop right away and do not drive yourself — **call 911**.
- One calf (lower leg) becomes swollen, painful, warm, or red. This can be a blood clot — **go to the ER today**.
- Your knee is hot, red, and very painful, and you feel sick or have a fever. This can be an infection inside the joint — **go to the ER today**.
- You cannot put any weight on the leg at all after a fall or a twist — **go to the ER today**.
- Your knee locks up: it gets stuck, you cannot straighten it, or you have to wiggle and twist it to get it moving again. Stop the exercises and **call the office today**.
- Your knee buckles or gives way underneath you and you fall or nearly fall — **call the office today**.
- Your knee swells up quickly and becomes large and tight, especially within a few hours of a twist or a fall — **call the office today**.
- You take a blood thinner and your knee swells up without a clear reason — **call the office today**.
- Your knee will not straighten all the way — it is not stuck, it just will not go flat, and your other knee lies flatter than the sore one — **call the office this week**.
- Your pain gets sharply worse and stays worse for more than a few days, even after you cut back on the exercises — **call the office this week**.

How to Adjust or Stop

- Some ache while you exercise is normal and it is safe.
- Use a 0 to 10 pain scale, where 0 is no pain and 10 is the worst pain you can imagine.
- During the home exercises and the stretches, pain up to 5 out of 10 is acceptable — keep going. If the pain climbs above 5, stop that exercise for the day.
- **On the weight machines at the gym, the rule is different: stop at any pain, not at 5.**
- Sharp, catching, or stabbing pain is not the same as an ache. Stop that exercise and tell us about it.
- By the next morning your knee should feel back to its usual level.
- If it is still worse the next day, or more swollen, cut your reps and your weight in half for the next few days, then build back up slowly.
- Expect your knee to feel a bit more sore than usual during the first 1 to 2 weeks. That is normal and it settles down.
- Your pain should not be climbing from week to week. If each week is worse than the last, stop the strength work and call the office this week.

When We Recheck Your Plan

- Give this a fair trial. Most people start to notice a change at 4 to 6 weeks and are meaningfully better by about 3 months — not in the first two weeks. Make a follow-up visit at 6 weeks for a progress check, and again at 12 weeks to decide what comes next. If nothing at all has changed by 6 to 8 weeks, call and come in rather than just quitting. If you would rather have someone coach you in person, ask us for a physical therapy referral — that is a reasonable choice, not a failure. A small number of people still end up needing surgery, and that does not mean you did anything wrong.