KILOMETERKLUB

YOUR MENISCUS INJURY REHAB GUIDE FROM LIESEL

What I want you to do first at home

If this were my runner in week one, I would keep the plan simple: calm the irritation, remove the biggest trigger, and start rebuilding capacity instead of waiting passively for a miracle.

- Differentiate mechanical locking from irritability
- Use load modification and strength when conservative care is appropriate
- Avoid forcing deep painful flexion early
- Escalate sooner if true mechanical symptoms persist
- Use the 24-hour response as your guide: if the next day is notably worse, the load was too high.
- Keep doing the strength work even once the pain settles.

What I would do in clinic

In clinic, I would first make sure the diagnosis fits the pattern and that we are not missing a more serious problem. Then I would identify the biggest load driver, test the weak links, calm the angry tissue down enough to let you move, and build a plan you can actually follow in real life. I would also use your running history, current schedule, shoes, terrain and gym habits to find the pattern that keeps this injury alive.

Strength & rehab prescription

The exercise plan should feel purposeful, not random. I usually break rehab into phases so the runner knows what matters now and what can wait.

- Early phase: quad activation, straight-leg raise, controlled mini-squat, step-ups
- Strength phase: split squats, step-downs, leg press in tolerable range, hip strengthening
- Return phase: brisk walking, then run-walk, then controlled progression

Cross-training that usually works

Usually worth trying: Cycling in a tolerable range, Pool running, Strength work, Walking once swelling settles.

Usually better to avoid early on: Twisting drills, Deep loaded flexion early, Running through locking or recurrent swelling.

Your best option is the one that lets you keep fitness without making tomorrow worse.

Road back to running

Returning to running is not the same thing as returning to full training. I want the tissue to tolerate easy impact first, then volume, then the spicy stuff.

1. Calm swelling and restore motion first
2. Build strength and gait symmetry
3. Return with flat easy run-walk sessions if appropriate
4. Escalate if mechanical symptoms remain
5. If the tissue changes the way you walk or run, you are not ready for the next step yet.

When I want you to get help

Seek medical review for locking, recurrent swelling, major trauma, or inability to fully extend the knee. Red flags I would take seriously include: Locked knee or inability to straighten; Large swelling after injury; Instability after trauma.

If you are still not coming right, book a consultation with me through our website at

www.kilometerklub.com/get-help