

ARTHROSCOPIC MENISCUS REPAIR PHYSICAL THERAPY PRESCRIPTION

Diagnosis: S/p (Left / Right) Knee Arthroscopic (Medial / Lateral) Meniscus Repair

Date of surgery: _____

PHASE 1 (0 to 2 WEEKS):

GOALS:

Pain control

Decrease swelling

EXERCISES/RESTRICTIONS:

Brace locked in extension while ambulating

Weight bearing status: Toe-touch weight bearing with crutches

ROM: Limited from 0-90°. Active / Active-Assisted / Passive

Patella mobilizations

Quad strengthening: Straight leg raise, quad isometrics

PHASE 2 (2-6 WEEKS):

GOALS:

ROM to normal

Meniscus healing

Quadriceps control

Good patella mobility

EXERCISES/RESTRICTIONS:

Brace on and locked in extension while ambulating for 4 weeks. At week 4 may begin to unlock and wean out of brace

Weight bearing status: Full weight-bearing

Patella mobilizations

ROM: No restrictions

Strengthening: Focus on quad strengthening. No strengthening exercises with knee flexion >90 degrees

PHASE 3 (6-12 WEEKS):

GOALS:

ROM to normal

Restore normal gait

Ascent stairs with good control

Return to normal ADL

EXERCISES/RESTRICTIONS:

Leg press—0-90 deg arc
Step-up/Step-down / Lunges and squats
Proprioception/balance program
Hip/CORE program
Stair master/elliptical

PHASE 4 (>12 WEEKS):**GOALS:**

Return to running and sports

EXERCISES/RESTRICTIONS:

Ok to begin running at 3 months
Progress squat program
Advance quad/hamstring program
Proprioception training
Agility exercises
Return to sport at 4-5 months

Evaluate and treat per therapist plan.

Please follow the protocol as directed and call the office with questions or renewals.

**Please send progress notes.

Treatment: ____ times per week **Duration:** ____ weeks ____ Home Program

Physician's Signature: _____

Date: _____

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