

Physical Therapy Prescription Arthroscopic Meniscal Repair

Patient Name: _____

Today's Date: _____

Surgery Date: _____

Dx: s/p (LEFT / RIGHT) Knee arthroscopic meniscal repair (medial / lateral)

WEEK 1-2

- ___ Ambulate TTWB in Bledsoe Brace locked @ 0° in Full Extension for first 4 weeks
- ___ Crutches 1-2 weeks
- ___ Limit Range of Motion in weeks 1-2 from 0° to 70°
- ___ Range of Motion Active / Active-Assisted / Passive
- ___ Quadriceps and Hamstring stretching
- ___ Quadriceps Strengthening ___ V.M.O. Strengthening
- ___ Full Arc ___ 0-30° Arc
- ___ Hamstring Strengthening
- ___ Begin Straight Leg Raises (Knee at 0° in Full Extension)
- ___ Quad Isometrics
- ___ Achilles Tendon Stretching
- ___ Electrical Stimulation for Quadriceps

WEEK 2-4

- ___ Range of Motion in weeks 3-4 increase 0° to 90°
- ___ Unlock Brace @ 4 weeks and return to normal gait
- ___ May Begin Exercise Bike after 4 weeks, Closed Kinetic Chain Exercises

WEEK 6

- ___ Progress to FWB by week 6
- ___ Range of Motion in weeks 5-6 increase to Full ROM
- ___ Discard Brace @ 6 weeks
- ___ Quadriceps Isotonics - full arc for closed chain. Open chain: 90° - 40° arc.
- ___ Single leg proprioception
- ___ CKC strengthening
- ___ Stationary bike and retro-walk progression
- ___ Core endurance focused on trunk and hip

WEEK 12

- ___ Begin running program provided eccentric step down is symmetric
- ___ Begin lateral motion exercises, CKC
- ___ Full arc progressive resistance exercises - emphasize Quads

WEEK 16+

- ___ Agility drills
- ___ Advanced functional exercises
- ___ Progress running program – cutting at 4.5 months
- ___ Isokinetic test at 60°/second, 180°/second, 240°/second
- ___ Plyometrics

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks Home Program

**Please send progress notes.

Physician's Signature: _____ **M.D.**