

# Physical Therapy Prescription

<b>MENISCAL TRANSPLANT REHABILITATION PROTOCOL</b>				
<b>TIME PERIOD</b>	<b>WEIGHT BEARING</b>	<b>RANGE OF MOTION</b>	<b>BRACE</b>	<b>EXERCISES</b>
<b>0-6 weeks</b>	Partial weight bearing	Begin 0-90°.	Lock brace in extension at night and whenever not performing exercises. May unlock during the day after 2 weeks.	Heel slides, quad sets, straight leg raises. Hamstring and calf stretching.
<b>6-12 weeks</b>	Full weight bearing	Increase as tolerated. No deep squatting.	None	Continue previous exercises. May use stationary bike without resistance.
<b>3-6 months</b>	Full weight bearing	Work towards full range of motion. Squatting OK.	None	Continue previous exercises. Mini squats. May do stationary bike with increased resistance. Swimming.
<b>&gt;6 months</b>	Full weight bearing	Full ROM	None	Treadmill/walking program. Continue to increase activities as tolerated.

**\*\*\*Begin Physical Therapy 4-7 days post-op**

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Patient Name: \_\_\_\_\_  
 Surgery Date: \_\_\_\_\_  
 Side (Circled):    Right      Left

Physical therapy to evaluate and treat for post op Meniscal Transplant using the above protocol. 1-2x per week for 12 weeks

Notes: \_\_\_\_\_

MD signature: