

Physical Therapy Prescription

MENISCAL REPAIR REHABILITATION PROTOCOL				
TIME PERIOD	WEIGHT BEARING	RANGE OF MOTION	BRACE	EXERCISES
0-6 weeks	1 ST week: Touch Toe Weight Bearing After 1 st week: Weight Bearing as Tolerated with crutches (no weight bearing with knee flexed past 90°)	0-90° Flexion	Immobilize knee in full extension at night for the 1st week. Wear Brace at all times	Heel slides, quad sets, straight leg raises.
6-8 weeks	Wean from crutches.	Full range of motion. No weight bearing at flexion >90° (squatting)	None	Continue previous exercises. Stretching and strengthening okay. Closed chain exercises (not past 90° of flexion).
8-12 weeks	Full weight bearing.	Full range of motion	None	Gradually increase return to full activities at 3-6 months post-op

*****Begin Physical Therapy 4-7 days post operatively**

Dane Todd, MD Questions please call: # 402-488-3322 Fax: 402-488-3336		
Patient Name: _____ Surgery Date: _____		
Surgery Performed (circled)	Side (circled):	Right Left
Medial Meniscectomy Lateral Meniscectomy Chondral Debridement	Medial Meniscus Repair Lateral Meniscus Repair	
Physical therapy to evaluate and treat for post op meniscal repair using the above protocol. 1-2x per week for 12 weeks		
Notes: _____		
MD signature:		