

Patient: _____ Date of Surgery: _____

Procedure: Right/Left Meniscal Repair - Medial / Lateral

Phase I (0-4 wks): *Period of protection.*

**Weight bearing: WBAT weaning from crutches as tolerated after 1 week
brace locked in extension for 1 week (unless otherwise directed)**

Brace: Hinged knee brace locked in extension at all times for first 1 week. Can be unlocked progressively to maximum of 90°.

ROM: PROM 0-90°, remove brace for exercises and hygiene.

Ice: Not directly on skin. Recommend as much as possible. 5x/day, 20 min/session for first 2 weeks. Then after activity at minimum.

Exercises: Biofeedback and/or E-Stim for muscle re-education and effusion reduction as needed. Heel slides, ankle ROM, Patellar mobilizations, SLR and isometrics for quads, hip abductors/adductors.

Phase II (4-16 wks): *Advanced Motion*

Weight bearing: Full

Brace: Discontinue brace

ROM: No limitation, increase as tolerated.

Ice: Not directly on skin. Recommend as much as possible, at minimum after therapy.

Exercises: Begin closed chain strengthening exercises (squats, lunges, leg press, calf raises, step downs, sports cord etc). Add isokinetics at 7-8 weeks. Bike, pool therapy as tolerated. Balance work: rocker board, progress to BAPS.

Phase III (16 wks-5 mo): *Strengthening and progression to jogging*

Weight bearing: Full

Brace: None

ROM: No limitation

Exercises: Sport specific activities. Backwards running, carioca, ball drills and other sport skills.

Jogging: Begin straight ahead jogging program if core and hip strength appropriate at 4 months.

Release to sports between 3.5-5 months at MD discretion.

Frequency: _____ x/week x _____ weeks

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.

Date: _____

Dax Varkey MD, MPH