

Patient: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

**Procedure: Right/Left Meniscal Root Repair - Medial / Lateral**

**Phase I (0-6 wks): *Period of protection.***

**Weight bearing:** Touch down weight bearing 3 weeks, progressive increase each week with goal of full WB week 6.

**Brace:** Hinged knee brace locked in extension at all times for first 1 week. Locked in extension while sleeping for 6 weeks. OK when awake to unlock to 0-30°.

**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 (6-16 wks): *Advanced Motion***

**Weight bearing:** Full

**Brace:** Discontinue brace if quad control appropriate

**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 spot 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**