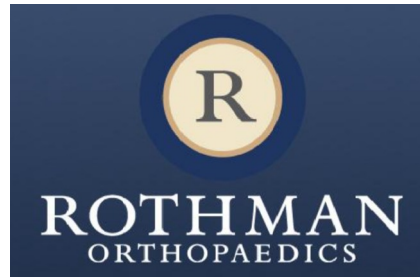


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Meniscal Repair Physical Therapy Protocol

Patient Name: _____ Date: _____

Surgery: Right/Left Medial Lateral Meniscal Repair

Date of Surgery: _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

- WEEK 1-2** ___ Ambulate NWB in Hinged Knee Brace locked @ 0° in Full Extension for first 4 weeks
___ Limit Range of Motion in weeks 1-2 from 0° to 70°
___ Range of Motion Active / Active-Assisted / Passive
___ Quadriceps, Hamstring, Achilles 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, Heel Slides, Patellar Mobilization
___ Electrical Stimulation for Quadriceps

- WEEK 3-4** ___ Range of Motion: 90° by 6 weeks
___ Begin TTWB at 4 weeks and progress to WBAT by 6 weeks
___ Addition of heel raises, total gym (closed chain), terminal knee extensions
___ Activities w/ brace until 6 weeks; then w/o brace as tolerated

- WEEK 5-20** ___ Begin to walk w/ brace unlocked once quad control is adequate
___ Do not bear weight past 90° of flexion until 6 weeks → Progress to full ROM
___ Discard Brace @ 6 weeks once adequate quad control
___ Begin hamstring work, lunges/leg press 0-90°, proprioception exercises, balance/core/hip/glutes
___ May Begin Exercise Bike (start with no resistance)
___ Swimming ok at 12 weeks → Progress closed chain activities

- RETURN TO SPORT PHASE** ___ Return to Running @ 3-4 months
 ___ Return to Full Sports @ 4-5 months

___ Functional Capacity Evaluation ___ Work Hardening/Work Conditioning ___ Teach HEP

Modalities

___ Electric Stimulation ___ Ultrasound ___ Iontophoresis ___ Phonophoresis ___ TENS ___ Heat before
___ Ice after ___ Trigger points massage ___ Therapist's discretion

Signature _____ Date _____