



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

MENISCAL BODY REPAIR (ALL-INSIDE)

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date of Surgery:** _____

____ **Evaluate and Treat** ____ **Provide patient with home program**

Frequency: _____ x/week x _____ weeks

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE	Partial weight bearing with	Locked in full extension for	0-90° when non- weight	Heel slides, quad sets, patellar mobs,



I 0-2 weeks	crutches***	sleeping and all activity* Off for exercises and hygiene	bearing	SLR, SAQ** No weight bearing with flexion >90°
PHASE II 2-8 weeks	2-4 weeks: 50% WB with crutches 4-8 weeks: Progress to full WB	2-6 weeks: Unlocked 0-90° Off at night Discontinue brace at 6 weeks	As tolerated	Addition of heel raises, total gym (closed chain), terminal knee extensions** Activities w/ brace until 6 weeks; then w/o brace as tolerated No weight bearing with flexion >90°
PHASE III 8-12 weeks	Full	None	Full	Progress closed chain activities Begin hamstring work, lunges/leg press 0-90°, proprioception exercises, balance/core/hip/glutes Begin stationary bike
PHASE IV 12-20 weeks	Full	None	Full	Progress Phase III exercises and functional activities: single leg balance, core, glutes, eccentric hamstrings, elliptical, and bike Swimming okay at 16 wks
PHASE V > 20 weeks	Full	None	Full	Advance to sport-specific drills and running/jumping once cleared by MD

*Brace may be removed for sleeping after first post-operative visit (day 7-10)

**Avoid any tibial rotation for 8 weeks to protect meniscus

***Weight bearing status may vary depending on nature of meniscus repair. Please refer to specific PT Rx provided to patient for confirmation of WB status

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient ___ would ___ would not benefit from social services.

Date: _____



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