



# Indiana University Health

*IU Health Physicians Orthopedics & Sports Medicine*

## **MENISCAL BODY REPAIR (ALL-INSIDE)**

### **PHYSICAL THERAPY PROTOCOL**

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[www.bryansaltzmanmd.com](http://www.bryansaltzmanmd.com)

**Patient Name:** \_\_\_\_\_ **Date of Surgery:** \_\_\_\_\_

\_\_\_ **Evaluate and Treat**                      \_\_\_ **Provide patient with home program**

**Frequency:** \_\_\_\_\_ x/week    x    \_\_\_\_\_ weeks

	<b>WEIGHT BEARING</b>	<b>BRACE</b>	<b>ROM</b>	<b>EXERCISES</b>
<b>PHASE I</b>  0-2 weeks	Partial weight bearing with crutches***	Locked in full extension for sleeping and all	0-90° when non- weight bearing	Heel slides, quad sets, patellar mobs, SLR, SAQ**  <b>No weight bearing with flexion &gt;90°</b>



		activity*		
		Off for exercises and hygiene		
<b>PHASE II</b> 2-8 weeks	<b>2-4 weeks:</b> 50% WB with crutches  <b>4-8 weeks:</b> Progress to full WB	<b>2-6 weeks:</b> 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  <b>No weight bearing with flexion &gt;90°</b>
<b>PHASE III</b> 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
<b>PHASE IV</b> 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
<b>PHASE V</b> > 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:** \_\_\_\_\_

**Bryan M. Saltzman, MD**

