<u>MENISCAL BODY REPAIR (ALL-INSIDE)</u>

<u>PHYSICAL THERAPY PROTOCOL</u>

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<u>Patient Name</u>: _____   <u>Date of Surgery</u>: _____

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

Frequency: _____x/week   x   _____weeks

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE I 0-2 weeks	Full in Brace locked in extension***	Locked in full extension for sleeping and all activity* Off for exercises and hygiene	0-90° when non- weight bearing	Heel slides, quad sets, patellar mobs, SLR, SAQ** **No weight bearing with flexion >90°**
PHASE II 2-6	**2-4 weeks:** Full in Brace	**2-6 weeks**: Unlocked 0-90°	As tolerated	Addition of heel raises, total gym (closed chain), terminal knee

weeks	unlocked 0-90° **4-6 weeks:** Full w/o brace	Off at night Discontinue brace at 6 weeks		extensions** Activities w/ brace until 6 weeks; then w/o brace as tolerated **No weight bearing with flexion >90°**
PHASE III 6-12 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 when able
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 12 wks Advance to sport-specific drills and running/jumping after 16 wks 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