



MENISCAL ROOT REPAIR

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



- 0-4 Weeks: TDWB in brace in extension with crutches
Brace in extension for sleeping 0-2 wks
Active/Passive ROM 0-90 degrees
Quad sets, SLR, Heel Slides
Patellar Mobilization
- 4-6 Weeks: Advance to FWBAT
May unlock brace
Progress with ROM until full
No weight bearing with knee flexion past 90 degrees
- 6-8 Weeks: WBAT with brace unlocked
D/C brace when quad strength adequate (typically around 6 weeks)
D/C crutches when gait normalized
Wall sits to 90 degrees
- 8-12 Weeks: WBAT without brace
Full ROM
Progress with closed chain exercises
Lunges from 0-90 degrees
Leg press 0-90 degrees
Proprioception exercises
Begin Stationary Bike
- 12-16 Weeks: Progress Strengthening exercises
Single leg strengthening
Begin jogging and progress to running
Sports specific exercise

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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