STEPHAN J. SWEET, M.D., M.P.H.
A Professional Corporation
Sports Medicine, Arthroscopy, & General Orthopedic Surgery

PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS (LEFT / RIGHT) MEDIAL / LATERAL MENISCAL REPAIR, KNEE
DATE OF SURGERY_____

0-2 Weeks-TDWB IN BRACE, crutches, Passive ROM 0 - 60° only, Straight leg raise, Isometric quads, Icing and edema control, ankle pumps.

2 Weeks s/p Reconstruction

____Advance to full WB with brace locked in extension
____Progress AAROM and AROM 0 -90°. Limit flexion to 90° for 4 weeks to protect meniscus. Passive terminal extension (40° - 0°)
____ Quadriceps re-education E-stim *I* Biofeedback
____ Isometrics at 90° / Straight Leg Raises with 1lb weight
____Patellar mobilization (gentle)
____Short crank bicycle ergometry
____Cryotherapy
____Goals - 90° flexion by end week 4
110° flexion by end week 6

6 Weeks s/p Reconstruction - DC brace, allow full weight bearing

____Open Brace then discontinue if quad control is good.
____Terminal ROM flex and extension. No limitations
____Begin squat/step program
____Quadriceps strengthening
____Continue closed chain Quadriceps strengthening in full arc (leg press, wall slides)
____Begin retro program

12 Weeks s/pReconstruction

____ Quadriceps Isotonics - full arc for closed chain.
____Begin functional exercise program
____ Isokinetic Quadriceps with distal pad
____ Begin running program at 16 weeks

Treatment:_____times per week Duration:_____weeks

Physician's Signature:_____ Date:_____

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