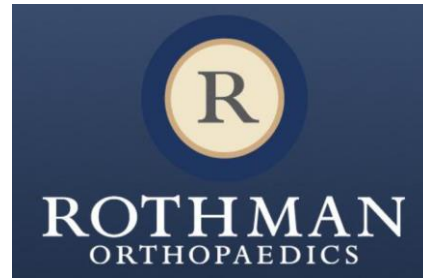


Brandon J. Erickson, MD
Montanna Casey, ATC
Mackenzie Lindeman, ATC
Terry Lin, PA-C
645 Madison Ave New York, NY
200 White Plains Rd 4th Floor Tarrytown, NY
450 Mamaroneck Ave Suite 200 Harrison, NY
Phone: 914-580-9624
Montanna.Casey@rothmanortho.com
Mackenzie.Lindeman@rothmanortho.com
Terry.Lin@rothmanortho.com
www.brandonericksonmd.com



Meniscal Repair Physical Therapy Protocol/Prescription

Patient Name: _____

Surgery: Right/Left Medial Lateral Meniscal Repair

Date of Surgery: _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

WEEK 1-2 ___ Ambulate NWB in Hinged Knee Brace locked @ 0° in Full Extension for first 4 weeks

___ Limit Range of Motion in weeks 1-2 from 0° to 70°

___ Range of Motion Active / Active-Assisted / Passive

___ Quadriceps, Hamstring, Achilles stretching

___ Quadriceps Strengthening ___ V.M.O. Strengthening

 ___ Full Arc ___ 0-30° Arc

___ Hamstring Strengthening

___ Begin Straight Leg Raises (Knee at 0° in Full Extension)

___ Quad Isometrics, Heel Slides, Patellar Mobilization

___ Electrical Stimulation for Quadriceps

WEEK 3-4 ___ Range of Motion: 90° by 6 weeks

___ Begin TTWB at 4 weeks and progress to WBAT by 6 weeks

___ Addition of heel raises, total gym (closed chain), terminal knee extensions

___ Activities w/ brace until 6 weeks; then w/o brace as tolerated

WEEK 5-20 ___ Begin to walk w/ brace unlocked once quad control is adequate

___ Do not bear weight past 90° of flexion until 6 weeks → Progress to full ROM

___ Discard Brace @ 6 weeks once adequate quad control

___ Begin hamstring work, lunges/leg press 0-90°, proprioception exercises, balance/core/hip/glutes

___ May Begin Exercise Bike (start with no resistance)

___ Swimming ok at 12 weeks → Progress closed chain activities

RETURN TO SPORT PHASE ___ Return to Running @ 3-4 months

 ___ Return to Full Sports @ 4-5 months

___ Functional Capacity Evaluation ___ Work Hardening/Work Conditioning ___X___ Teach HEP

___X___ Electric Stimulation ___ Ultrasound ___ Iontophoresis ___ Phonophoresis ___ TENS ___X___ Heat before

___X___ Ice after ___ Trigger points massage ___X___ Therapist's discretion

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Terry.Lin@rothmanortho.com
www.brandonericksonmd.com
Signature _____ Date _____

