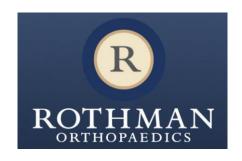
Brandon J. Erickson, MD Montanna Casey, ATC Mackenzie Lindeman, ATC Terry Lin, PA-C 645 Madison Ave New York, NY 200 White Plains Rd 4<sup>th</sup> Floor Tarrytown, NY 450 Mamaroneck Ave Suite 200 Harrison, NY Phone: 914-580-9624

Montanna.Casey@rothmanortho.com Mackenzie.Lindeman@rothmanortho.com Terry. Lin@rothmanortho.com www.brandonericksonmd.com

Signature\_\_\_\_\_



Patient Name:			dial/Lateral Men	niscectomy Physical Therapy Protocol/Prescription
			Medial/Lateral	
Date of Surgery:				
Frequency: 1	2 3	4	times/week	Duration: 1 2 3 4 5 6 Weeks
<b>❖</b> <u>Weeks 0-2</u>	W	Veight	bearing as tolerate	ed without assist by 48 hours post-op
			Goal – Full ext Daily Patellar Mo Strengthening – qu No res Ice Massage / Ant Quadriceps and H Iliotibial Band St Adductor/Abducto Achilles Tendon S	uad sets, SLRs, heel slides, etc. strictions to ankle/hip strengthening ti-Inflammatory Modalities lamstring stretching tretching / Strengthening or Stretching / Strengthening
Weeks 2-6			Restore normal ga Strengthening – Ir pulley weights, Active ROM as to Progress strengthe curls, leg press Continue stationar Modalities prn	with daily ROM exercises ait, discontinue crutches when gait is not antalgic necease closed chain activities to full motion arc. Add the theraband, etc. Monitor for anterior knee pain plerated ening activities — wall sits, lunges, balance ball, leg s, plyometrics, squats, core strengthening ry bike/biking outdoors for ROM, strengthening, cardio res from weeks 0-2 as well
Functional (	Capaci	ity Eva	luationWo	ork Hardening/Work ConditioningX_ Teach HEP
				_ IontophoresisPhonophoresisTENS _X_ Heat before Therapist's discretion

Date\_\_\_\_\_