

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



Partial Medial/Lateral Meniscectomy Physical Therapy Protocol/Prescription

Patient Name: _____

Surgery: Right/Left Partial Medial/Lateral Meniscectomy

Date of Surgery: _____

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

❖ **Weeks 0-2** ___ Weight bearing as tolerated without assist by 48 hours post-op

- ___ ROM – progress through passive, active and resisted ROM as tolerated
 Goal – Full extension by 1 week, 130 degrees of flexion by 3 weeks
- ___ Daily Patellar Mobilization
- ___ Strengthening – quad sets, SLRs, heel slides, etc.
 No restrictions to ankle/hip strengthening
- ___ Ice Massage / Anti-Inflammatory Modalities
- ___ Quadriceps and Hamstring stretching
- ___ Iliotibial Band Stretching / Strengthening
- ___ Adductor/Abductor Stretching / Strengthening
- ___ Achilles Tendon Stretching
- ___ Electrical Stimulation for Quadriceps

Weeks 2-6

- ___ ROM – Continue with daily ROM exercises
- ___ Restore normal gait, discontinue crutches when gait is not antalgic
- ___ Strengthening – Increase closed chain activities to full motion arc. Add pulley weights, theraband, etc. Monitor for anterior knee pain
- ___ Active ROM as tolerated
- ___ Progress strengthening activities – wall sits, lunges, balance ball, leg curls, leg press, plyometrics, squats, core strengthening
- ___ Continue stationary bike/biking outdoors for ROM, strengthening, cardio
- ___ Modalities prn
- ___ Continue objectives from weeks 0-2 as well

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

Modalities

X Electric Stimulation ___ Ultrasound ___ Iontophoresis ___ Phonophoresis ___ TENS X Heat before
X Ice after ___ Trigger points massage X Therapist's discretion

Signature _____ Date _____