



PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## **MENISCUS REPAIR PROTOCOL**

### **PHYSICAL THERAPY:**

**WEEK 1-3:** SWELLING CONTROL AND SCAR TISSUE MOBILIZATION. PARTIAL WEIGHTBEARING WITH THE BRACE LOCKED AT 0 DEGREES. AROM AND PROM IS ALLOWED FROM 0-90. PATELLAR MOBILIZATION AND QUADRICEPS ISOMETRICS. PROPRIOCEPTION TRAINING WITH BRACE LOCKED AT 0 DEGREES.

**WEEK 4-6:** WBAT WITH THE BRACE LOCKED IN EXTENSION. ALLOW PROGRESSION TO FULL ROM AS TOLERATED. PROGRESSIVE CLOSED CHAIN RESISTANCE EXERCISES (1-5 POUNDS). BEGIN TOE RAISES AND NO RESISTANCE CYCLING.

**WEEK 6-10:** MAY DISCONTINUE BRACING. INCREASE RESISTANCE AS TOLERATED. MINI-SQUATS, SWIMMING, CYCLING, STAIR MASTER. BEGIN BALANCE BOARD AND PLYOMETRICS.

**WEEK 11-16:** BEGIN RUNNING, SPORT SPECIFIC TRAINING AND WORK HARDENING AS NEEDED FOR RETURN TO FULL ACTIVITY.

FREQUENCY: \_\_\_\_\_ DURATION: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_