Sheena Black, MD

Orthopedic Surgeon
Sports Medicine Specialist



PHYSICAL THERAPY PRESCRIPTION MENISCAL REPAIR – INSIDE OUT

| Name: | | DOI | B: | | | | | |
|---|---|---------------------------|----------------------------|--|--|--|--|--|
| Post-Operative | e Diagnosis: | □ Right □ Left | | | | | | |
| Additional Pro | cedures: | ☐ Lateral Meniscal Repair | r ☐ Medial Meniscal Repair | | | | | |
| | | ☐ Lateral Menisectomy | ☐ Medial Menisectomy | | | | | |
| | | ☐ Other: | | | | | | |
| Surgical Date: | | | | | | | | |
| Weight Bearing: 🗡 TTWB | | | | | | | | |
| w | eight bearing modifica | ations: □ WBAT □ I | NWB | | | | | |
| _ | | | | | | | | |
| ROM: Full passive knee extension, <u>limit knee flexion to 0 – 90 degrees</u> | | | | | | | | |
| ROM Modifications: | | | | | | | | |
| Brace Instructions: | | | | | | | | |
| Additional Inst | dditional Instructions: | | | | | | | |
| Frequency & Duration: 1-2 times per week for 6 - 8 weeks | | | | | | | | |
| Rx: | Dressing change / wound check 2-3 days post-op | | | | | | | |
| | Call my office if patient unable to get 0 – 90° ROM by 2 weeks post-op | | | | | | | |
| | Emphasize early full passive extension to 0° (No recurvatum for hamstring grafts) | | | | | | | |
| Precautions: | | | | | | | | |
| | X Per my PT protocol | | | | | | | |
| | Other: | | | | | | | |
| | | | | | | | | |
| Physician's Signature:,MD | | | | | | | | |

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PHYSICAL THERAPY PROTOCOL KNEE ARTHROSCOPY – MENISCAL REPAIR – INSIDE OUT

| | <u>Weight</u> <u>Bearing</u> | <u>Brace</u> | ROM | <u>Exercises</u> |
|--|--|--|-----------------------------------|--|
| Phase I Weeks 0-2 PT 1-2x/week HEP daily | Partial weight bearing w/ crutches * | Locked in full extension for sleeping and all activity Off for exercises & hygiene | 0-90° when non- weight bearing | Heel slides, quad sets, patella mobs SLR No weight bearing with flexion >90° |
| Phase II Weeks 2-8 PT 2-3x/ week HEP daily | 2-4 weeks: 50% WB with crutches 4-8 weeks: Progress to full WB | 2-6 weeks: Unlocked 0-90° Off at night Discontinue brace at 6 weeks | As tolerated | Continue Phase 1 Heel raises, closed chain, terminal knee extension avoiding tibial rotation Activities w/ brace until 6 weeks After 6 weeks, w/o brace as tolerated No weight bearing with flexion >90° |
| Phase III Weeks 8-12 PT 2-3x/week HEP daily | WBAT | None | Full | Progress closed chain activities Begin hamstring work, lunges/leg press 0-90°, proprioception exercises, balance/core/hip/glutes Begin stationary bike |
| Phase IV Weeks 12-20 PT 1-2x/week HEP daily | WBAT | None | Full | Progress Phase III exercises & functional activities Single leg balance, core, glutes, eccentric hamstrings, elliptical, bike Ok to progress to swimming at 16 weeks Advance to sport-specific drills & running/jumping at 20 weeks once cleared by MD |

IF QUESTIONS: PLEASE CALL 469-800-7200