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Physical Therapy Prescription – Root, Radial and Horizontal Meniscus Repair

Name:	Date:
Procedure: R / L meniscus repair	Date of Surgery:
Frequency: 2-3 times per week for weeks	
PHASE I (Weeks 0 – 6): Period of protection, decrease e	dema, activate quadriceps
Weightbearing: Toe Touch with crutches	
Hinged Knee Brace:	and the Control of the Control
 Weeks 0-2: locked in full extension for an 	. •
 Weeks 2-6: unlocked (0-90°) for ambulate 	tion and removed while sleeping
 Range of Motion: AAROM → AROM 0-90° 	
 Therapeutic Exercises: Patellar mobs, quad/ha 	mstring sets, heel slides, Gastroc/Soleus stretching,
straight-leg raises with brace in full extension unt	il quad strength prevents extension lag

Phase II (Weeks 6 – 12)

- Weightbearing: Wean off crutches and progress to as tolerated, unassisted
- Hinged Knee Brace: Discontinue at 6 weeks
- Range of Motion: Full; no weight-bearing with knee flexion angles >90°
- Therapeutic Exercises: Patellar mobs, quad/hamstring sets, closed chain extension exercises, hamstring curls, toe raises, balance exercises, Gastroc/Soleus stretching; lunges 0-90°, leg press 0-90°
 - o Begin use of the stationary bicycle
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 12 - 16)

- Range of Motion: Full, painless
- Therapeutic Exercises: Advance closed chain strengthening exercises and proprioception activities; focus on single-leg strengthening; begin elliptical
 - Straight ahead running permitted at 12 weeks
 - Swimming okay at 16 weeks
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase IV (Weeks 16 – 24): Gradual return to athletic activity

- 16 weeks: begin jumping
- 20 weeks: advance to sprinting, backward running, cutting/pivoting/changing direction
- Consider functional sports assessment