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## Physical Therapy Prescription – Meniscus Root Repair

Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Procedure: R / L knee arthroscopy, meniscus root repair

Frequency: 2-3 times per week

PHASE I (Weeks 0 - 6): Period of protection, decrease edema, activate quadriceps

- Weightbearing: Partial with crutches
  - Weeks 0-6: TTWB weight-bearing in brace with crutches
- Hinged Knee Brace:
  - Weeks 0-2: Locked in full extension for ambulation and sleeping
  - Weeks 2-6: Unlocked (0-90°) for ambulation once cleared by the team
    - i. Can remove while sleeping if terminal extension is reached
- Range of Motion:
  - Weeks 0-6: As tolerated when non-weight bearing
  - Weeks 2-6: Avoid weighted flexion >90°
- Therapeutic Exercises: Patellar mobs, quad/hamstring sets, heel slides, Gastroc/Soleus stretching, straightleg raises
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

## Phase II (Weeks 6 - 12)

- Weightbearing:
  - Weeks 6-8: Progress to full WB
- Hinged Knee Brace: Discontinue by 8 weeks
- Range of Motion: Full, avoid weighted flexion >90°
- **Therapeutic Exercises:** Patellar mobs, quad/hamstring sets, closed chain extension exercises, hamstring curls, toe raises, balance exercises, Gastroc/Soleus stretching;
  - Lunges 0-90° and leg press 0-90° **10 weeks**
- 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
  - Stationary Bike okay at **12 weeks**
  - Swimming okay at 12 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
  - Elliptical after 16 weeks
- 20 weeks: Advance to sprinting, backward running, cutting/pivoting/changing direction
- Consider functional sports assessment

Signature: \_\_\_\_\_

Date: \_\_\_\_\_