

Partial Medial/Lateral Meniscectomy Physical Therapy Protocol/Prescription

Name: _____**Date:** _____**Diagnosis:** _____**Date of Surgery :** _____**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

Comments:**Frequency:** _____ **times per week****Duration:** _____ **weeks****Signature:** _____**Date:** _____