





MENISCAL BODY REPAIR (STANDARD PROTOCOL)

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ Date of Surgery: _____

____ Evaluate and Treat ____ Provide patient with home program

Frequency: _____x/week x _____weeks

Procedure: Right / Left Knee Medial / Lateral Meniscal Repair

<u>Phase I (0-4 wks): Period of protection. In general, knee is protected with a brace, ROM limited to <90 degrees, and tibial rotation avoided for 4-6 weeks. By the end of this 8 wk period, goal is full ROM, advancing strength and a stable repair.</u>

___Weeks 0-2: -TTWB with crutches, *brace locked in extension* (unless otherwise directed) -Brace: locked in extension (remove for hygiene/exercises) -ROM: PROM 0-90 only; AROM 0-90 as tolerated -Therapeutic Exercises:





- a. Ice and elevation, 3-4x/day
- b. Biofeedback and/or E-Stim for muscle re-education and effusion reduction as needed
- c. Heel slides, ankle ROM
- d. Patellar mobilization
- e. SLRs, isometrics for quads, hip abductors and adductors

__Weeks 3-4:

-TTWB with crutches, brace unlocked 0-90 (unless otherwise directed)

- -Brace: unlocked 0-90 (remove for hygiene/exercises)
- -ROM: PROM 0-90 only; AROM 0-90 as tolerated

-Therapeutic Exercises:

- a. Continue biofeedback and/or E-Stim for muscle re-education and effusion reduction as needed
- b. Heel slides, ankle ROM
- c. Patellar mobilization

d. Progress weight for SLRs, continue isometrics for quads, hip abductors and adductors

<u>Phase II (4-16 wks):</u> Advance closed chain strengthening to provide extraarticular protection of meniscus during sports activities.

WBAT without assist Progressive resistance on Eagle machines Multi-hip; knee extension/flexion; leg press; calf raises Isokinetics Velocity spectrum Increase endurance activities Bike, pool, versaclimber, walking, **No Running**

___Phase III (16 wks to release): Sport-specific activities.

Continue Phase II exercises three times per week Running

-Begin with 1 mile jog/walk and increase in 1/4 mile increments. -Once patient is able to jog 20 minutes with no discomfort or swelling may progress functional activities to include figure 8's, cutting, jumping, etc.

Sport specific activities (progressed as tolerated)

Backward running, carioca, ball drills & other sport skills





Criteria for Return to Full Activity: Adequate healing time Full pain free ROM Normal isokinetic evaluation and function tests Satisfactory performance of sport specific activities without swelling

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient _____ would _____ would not benefit from social services.

Date:_____

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