



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

MENISCAL BODY REPAIR (ALL-INSIDE)

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

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE I	TTWB in Brace locked in extension with	Locked in full extension for sleeping and all	0-90° when non-ambulatory (active/passive)	Heel slides, quad sets, patellar mobs, SLR, SAQ**



0-2 weeks	crutches***	activity* Off for exercises and hygiene		No weight bearing with flexion >90°
PHASE II 2-6 weeks	2-4 weeks: TTWB in Brace unlocked 0-90° 4-6 weeks: Full w/ brace as above, transition to w/o brace	2-4 weeks: Unlocked 0-90° Off at night 4-6 weeks: Full Discontinue brace (when quad strength adequate) Discontinue crutches when gait normalized	As tolerated within confines	Addition of heel raises, total gym (closed chain), wall sits to 90 degrees, terminal knee extensions** Activities w/ brace until 6 weeks; then w/o brace as tolerated No weight bearing with flexion >90°
PHASE III 6-12 weeks	Full WBAT without brace	None	Full	Progress closed chain activities Begin hamstring work, lunges/leg press 0-90°, proprioception exercises, balance/core/hip/glutes Begin stationary bike when able
PHASE IV 12-20 weeks	Full	None	Full	Progress Phase III exercises and functional activities: single leg balance, core, glutes, eccentric hamstrings, elliptical, and bike Swimming okay at 12 wks Advance to sport-specific drills and running/jumping after 16 wks once cleared by MD

*Brace may be removed for sleeping after week 4 postoperative

**Avoid any tibial rotation for 8 weeks to protect meniscus

***Weight bearing status may vary depending on nature of meniscus repair. Please refer to specific PT Rx provided to patient for confirmation of WB status

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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