





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 0-2 weeks	Partial weight bearing with crutches***	Locked in full extension for sleeping and all activity* Off for exercises and hygiene	0-90 when non- weight	Heel slides, quad sets, patellar mobs, SLR, SAQ** No weight bearing with flexion >90°
PHASE II 2-8	2-4 weeks: 50% WB with	2-6 weeks : Unlocked 0-90°	As tolerated	Addition of heel raises, total gym (closed chain), terminal knee





weeks	crutches	Off at night		extensions**
	4-8 weeks: Progress to full WB	Discontinue brace at 6 weeks		Activities w/ brace until 6 weeks; then w/o brace as tolerated
				No weight bearing with flexion >90°
PHASE				Progress closed chain activities
III 8-12 weeks	Full	None	Full	Begin hamstring work, lunges/leg press 0-90°, proprioception exercises, balance/core/hip/glutes
				Begin stationary bike
PHASE IV 12-20	Full	None	Full	Progress Phase III exercises and functional activities: single leg balance, core, glutes, eccentric hamstrings, elliptical, and bike
weeks				Swimming okay at 16 wks
PHASE V	Full	None	Full	Advance to sport-specific drills and running/jumping once cleared by MD
> 20 weeks				

*Brace may be removed for sleeping after first post-operative visit (day 7-10)

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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