



MENISCAL ROOT REPAIR Physical Therapy Protocol

Patient Name: _____ Date of Surgery: _____

____ Evaluate and Treat – no open chain or isokinetic exercises

____ Provide patient with home exercise program

Frequency: _____ x/week x _____ weeks

_____ **Phase I (0-4 weeks):**

- TDWB in brace in extension with crutches.
- Brace in extension for sleeping 0-2 weeks.
- Active/Passive ROM 0-90 degrees.
- Quad sets, SLR, Heel Slides.
- Patellar Mobilization.

_____ **Phase II (4-6 weeks):**

- Advance to FWBT.
- May unlock brace.
- Progress with ROM until full.
- No weight bearing with knee flexion past 90 degrees.

_____ **Phase III (6-8 weeks):**

- TDWB with brace unlocked.
- D/C brace when quad strength adequate (typically around 6 weeks).
- D/C crutches when gait normalized .
- Wall sits to 90 degrees.

_____ **Phase IV (8-12 weeks):**

- TDWB without brace.
- Full ROM.
- Progress with closed chain exercises.
- Lunges from 0-90 degrees.
- Leg press 0-90 degrees.
- Proprioception exercises.
- Begin stationary bike.

_____ **Phase V (12-16 weeks):**

- Progress strengthening exercises.
- Single leg strengthening.
- Begin jogging and progress to running.
- Sports specific exercises.

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.

Physician Name: _____

Date: _____

