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Syracuse Orthopedic Specialists, PC

Patient name: _____

Date: _____

**PHYSICAL THERAPY PRESCRIPTION AND PROTOCOL:
Knee Arthroscopy with Meniscal Repair**

Phase I (Weeks 0-2):

- Brace locked in extension for 2 weeks, may unlock for exercises except straight leg raises
- Non-weight bearing (with brace locked in extension)
- Pain/edema control
- Quad recruitment with electrical stimulation
- Straight leg raises in brace at 0° until quad can maintain knee locked
- Quad Sets/Hamstring co-contractions at multiple angles up to 90° maximum
- Heel slides in brace up to 90°
- Patella mobilizations if necessary
- Obtain full extension!!!

Phase II (Weeks 2-5):

- Continue as above
- May advance to full weight bearing as tolerated (with brace locked at 0°)
- Brace still locked at 0° at night and for ambulation
- May unlock brace 0-90° during daytime when not weight bearing
- Stationary bike with seat high to avoid deep flexion
- Short-arc leg press with maximum 50% body weight
- Leg extensions within ROM restrictions, use high volume / light weight
- Leg curls within ROM restrictions, use high volume / light weight

Phase III (Weeks 5-8):

- Continue weight bearing as tolerated; begin to unlock brace during ambulation. May d/c brace when quad control sufficient.
- No pivoting, twisting, hopping, jumping, running
- OK to advance flexion > 90°, encourage full ROM as tolerated
- Normalize gait mechanics
- Progress resistance exercises with open/closed chain as tolerated
- Isokinetic exercises at 180, 150, 120, 90, 60°/sec
- Treadmill forward and retro walking
- Cable column exercises
- Single leg stands for proprioception
- Elliptical or Stairmaster prn
- Slide Board – start with short distance and increase as tolerated
- Be aware of patellofemoral signs and symptoms and manage accordingly

Phase IV (Weeks 8-12):

- Continue as above
- Full ROM
- All exercises on affected leg only
- Increase resistance exercises for strength, high intensity low volume
- Single leg squats
- Plyometrics – with both feet and move to single leg when able
- Assess light jogging on treadmill

Phase V (Weeks 12-16):

- Aggressive lower extremity strengthening, stretching and cardiovascular training as tolerated
- Sport specific drills
- Plyometrics for speed and power
- Work quad to within 15% or less difference
- Follow-up examination with physician

Phase VI (4-5 months post-op):

- Anticipate full return to sport involving pivoting, squatting, twisting, and running

Frequency: 2-3x per week

Duration: 16-20 weeks

Special instructions: _____

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