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CENTER FOR  
**Advanced Orthopedics**  
AND SPORTS MEDICINE



## Physical Therapy Prescription – Meniscus Root Repair

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Diagnosis:** R / L Knee Meniscus root Repair **Date of Surgery:** \_\_\_\_\_

**Frequency:** 2-3 times per week for \_\_\_\_\_ weeks **\*\*Special Considerations:**

**Week 0-4:** TDWB in brace locked in extension with crutches

Brace in extension for sleeping 0-2 wks

Passive ROM 0-90 degrees 0-2 wks then progress ROM as tolerated

Quad sets, SLR, Patellar mobilizations

No isolated hamstring activation

**Weeks 4-6:** Progress 25-50% x 1 wk → then 50-75% x 1 wk → FWBAT @ 6wks

May unlock brace

Progress with ROM until full

No weight bearing with knee flexion past 90 degrees

**Weeks 6-8:** WBAT 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 at 8 wks

**Weeks 8-12:** WBAT without brace and Full ROM

Progress with closed chain exercises

Lunges from 0-90 degrees

Leg press 0-90 degrees

Proprioception exercises

Begin Stationary Bike (@10 weeks)

**Weeks 12-16:** Progress Strengthening exercises

Single leg strengthening

**5 months:** Begin jogging and progress to running

**6 months:** May do deep squat → Sport Specific exercises

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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