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CENTER FOR
Advanced Orthopedics
AND SPORTS MEDICINE



Physical Therapy Prescription – All Inside Meniscus Repair (Accelerated)

Name: _____ **Date:** _____

Diagnosis: R / L Knee Meniscus Repair **Date of Surgery:** _____ **Frequency:**
2-3 times per week for _____ weeks ****Special Considerations:**

Week 0-4: Full weight bearing with crutches as needed

Brace in extension for ambulation and for sleeping 0-2 wks; 2-4 wks open brace 0-90 for walking
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: Full Weight bearing

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
4 months: Begin jogging and progress to running
5 months: May do deep squat → Sport Specific exercises

Physician Signature: _____ Date: _____
For more orthopedic information and rehab protocols visit **www.drsiwiec.com**