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CENTER FOR
AdvancedOrthopedics
AND SPORTS MEDICINE



Physical Therapy Prescription – Inside Out Meniscus Repair (Slow)

Name: _____ **Date:** _____

Diagnosis: R / L Knee Meniscus 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: _____

For more orthopedic information and rehab protocols visit www.drsiwiec.com