

Physical Therapy Prescription Meniscal Transplant

Patient Name:

Today's Date:

Surgery Date:

Dx: s/p (LEFT / RIGHT) Meniscal Transplant (medial / lateral)

Weeks 1-4

- Hinged, double-upright brace in full extension
- NWB first 4 weeks
- Quadriceps and Adductor isometrics
- SLR's into flexion, extension, abduction and adduction (AAROM→AROM)
- Passive (CPM) and AAROM (ROM limited to 0-90° knee flexion)
- Manual and self-stretch for Hamstrings, Gastrocnemius, Hip flexors and ITB
- Gentle Patella, fibular head and scar mobilization
- NMES for Quadriceps re-education daily
- Cryotherapy for pain control

Weeks 4-6

- Continue hinged, double-upright brace in full extension
- Progressive partial WB to full WB by week 6 with brace locked in extension
- Progress ROM as tolerated past 90 degrees
- Continue proximal lower extremity open chain exercise
- Begin gentle Quadriceps stretching as tolerated
(Concentrating on proximal attachment – limiting knee flexion to less than 120°)
- Continue gentle Patella, fibular head and scar mobilization
- Continue Cryotherapy for pain/edema/effusion

Weeks 6-12

- Discontinue Hinged, double-upright brace in full extension
- Full weight bearing
- Begin gait training and standing proprioceptive training
- Progress closed kinetic chain strengthening for lower extremity
- Progress open and closed kinetic chain strengthening for hip
- Begin balance training
- Continue gentle Patella, fibular head and scar mobilization
- Continue NMES for Quadriceps re-education daily
- Continue Cryotherapy for pain/edema/effusion

Weeks 12-20

- Continue gait training and proprioceptive training
- Progress closed chain strengthening for lower extremity
(Avoid hyperflexion at knee and full open kinetic chain knee extension)
- Begin resisted hamstring strengthening
- Continue lower extremity strengthening
- Begin light jogging if eccentric step-down is symmetric
- Continue NMES for Quadriceps re-education PRN
- Continue Cryotherapy for pain/edema/effusion PRN
- May begin lateral motions, no pivoting



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Week 20 +

- May begin multi-planar movements
- May begin functional training and triple extension exercises for LE

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks Home Program

**Please send progress notes.

Physician's Signature: _____ **M.D.**

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