

Travis G. Maak, M.D.

590 Wakara Way Salt Lake City, UT 84108 Tel: (801) 587-7109

Fax: (801)587-7112 Lic. # 8234797-1205

Physical Therapy Prescription Arthroscopic Meniscal Root Repair or Radial Tear Repair

Patient Name	Today's Date:	Surgery Date:
Dx: s/p (LEFT / RIGHT) Knee arthroscopic meniscal root repair or radial tear repair (medial / lateral)		
WEEK 1-2 *Physician will	Ambulate strict TTWB in hinge brace locked indicate WB status after surgery Crutches x 6 weeks Limit Range of Motion in weeks 1-2 from 0° to the state of Motion in weeks 1-2 from 0° to the state of Motion and Active / Active-Assisted control of Motion and Hamstring soft tissue mobilized upon the state of Motion and Motion a	o 30° / Passive zation
<u>WEEK 2-4</u>	 ROM increase 0° to 90°. No knee flexion pas May begin PWB in brace after 4 weeks. Cont	
WEEK 6	Bulgarian SS, Eccentr Hip hinge variations – Deadlift, RDL, Goo	ng as tolerated I, Step-up, Leg press, Total Gym, Hex Bar, ics, Step-down, Sumo od mornings, GHD, SL deadlift, Hip thrusters , kettle bell swings, Nordic HS
WEEK 12 Begin in-line jogging program provided eccentric step down is symmetric		
WEEK 16+	May begin linear progression of CKC LE exercise Full arc CKC progressive resistance exercise movements Continue anti-rotation trunk exercises Continue balance exercises	rcises
<u></u>	 Agility drills. No pivoting/transverse plane mo Footwork drills / exercises, Mini Jumps okay Progress running program – cutting at 5 to 5. Continue to progress / overload squat and hip Olympic lifts, triple extension exercises okay 	if patient shows dynamic control 5 months based on dynamic control 5 hinge exercises
<u>WEEK 24</u>	May return to sport. Criteria for discharge:	
	3 hop test, Figure 8 run, Y balance test (within 90	% of uninvolved leg), Deadlift 1.5x BW
Frequency & Duration: (circle one) 1-2 2-3 x/week for weeks Home Program		
**Please send progress notes. Physician's Signature: M.D.		