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Physical Therapy Prescription - Meniscus Repair

Physical merapy Prescription - Meniscus nepail	
Name:	Date:
Procedure: R / L meniscus repair	Date of Surgery:
Frequency: 2-3 times per week for weeks	
PHASE I (Weeks 0 – 6): Period of protection, decrease e	dema, activate quadriceps
Weightbearing: Partial with crutches	
 Weeks 2-4: advance to 50% weight-bear 	•
 Weeks 4-6: Progress to full weight-bearing Hinged Knee Brace: 	ig in brace, weari on crutches
 Weeks 0-2: locked in full extension for ar 	nbulation and sleeping
 Weeks 2-6: unlocked (0-90°) for ambulation 	. •
 Range of Motion: AAROM → AROM as tolerated 	t; no weight-bearing with knee flexion angles >90°
	nstring sets, heel slides, Gastroc/Soleus stretching, straight
leg raises with brace in full extension until quad st	J.
 Modalities: Per therapist, including electrical stim 	ulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 6 - 12)

- Weightbearing: As tolerated, unassisted
- Hinged Knee Brace: Discontinue at 6 weeks
- Range of Motion: Full
- Therapeutic Exercises: Patellar mobs, quad/hamstring sets, closed chain extension exercises, hamstring curls, toe raises, balance exercises, Gastroc/Soleus stretching; lunges 0-90°, leg press 0-90°
 - Begin use of the stationary bicycle
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 12 – 16)

- Range of Motion: Full, painless
- Therapeutic Exercises: Advance closed chain strengthening exercises and proprioception activities; focus on single-leg strengthening; begin elliptical
 - Straight ahead running permitted at 12 weeks
 - Swimming okay at 16 weeks
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase IV (Weeks 16 – 24): Gradual return to athletic activity

- 16 weeks: begin jumping
- 20 weeks: advance to sprinting, backward running, cutting/pivoting/changing direction
- Consider functional sports assessment

Signature:	Date:
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