NASSOS ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

9033 Wilshire Boulevard, Suite 401 Beverly Hills, CA 90211 Phone: (310) 273-2731 Fax: (310) 273-2704

1505 Wilson Terrace, Suite 310 Glendale, CA 91206 Phone: (818) 507-8715 Fax: (818) 507-8725

PATIENT NAME:

DATE: _____

MENISCUS REPAIR PROTOCOL

PHYSICAL THERAPY:

WEEK 1-3: SWELLING CONTROL AND SCAR TISSUE MOBILIZATION. PARTIAL WEIGHTBEARING WITH THE BRACE LOCKED AT 0 DEGREES. AROM AND PROM IS ALLOWED FROM 0-90. PATELLAR MOBILIZATION AND QUADRICEPS ISOMETRICS. PROPRIOCEPTION TRAINING WITH BRACE LOCKED AT 0 DEGREES.

WEEK 4-6: WBAT WITH THE BRACE LOCKED IN EXTENSION. ALLOW PROGRESSION TO FULL ROM AS TOLERATED. PROGRESSIVE CLOSED CHAIN RESISTANCE EXERCISES (1-5 POUNDS). BEGIN TOE RAISES AND NO RESISTANCE CYCLING.

WEEK 6-10: MAY DISCONTINUE BRACING. INCREASE RESISTANCE AS TOLERATED. MINI-SQUATS, SWIMMING, CYCLING, STAIR MASTER. BEGIN BALANCE BOARD AND PLYOMETRICS.

WEEK 11-16: BEGIN RUNNING, SPORT SPECIFIC TRAINING AND WORK HARDENING AS NEEDED FOR RETURN TO FULL ACTIVITY.

FREQUENCY: _____ DURATION: _____

SIGNATURE: _____JONATHAN T. NASSOS, M.D.