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ARTHROSCOPIC MENISCAL REPAIR (ACL INTACT KNEE)
PHYSICAL THERAPY PRESCRIPTION

Patient Name:

Date:

Dx: s/p (LEFT / RIGHT) KNEE ARTHROSCOPIC MENISCAL REPAIR (medial / lateral)

WEEK 1-2 ___ Ambulate FWB in Bledsoe Brace locked @ 0° in Full Extension for first 4 weeks
___ Crutches 1-2 weeks
___ Limit Range of Motion in weeks 1-2 from 0° to 70°
___ Range of Motion Active / Active-Assisted / Passive
___ Quadriceps and Hamstring stretching
___ Quadriceps Strengthening ___ V.M.O. Strengthening
 ___ Full Arc ___ 0-30° Arc
___ Hamstring Strengthening
___ Begin Straight Leg Raises (Knee at 0° in Full Extension)
___ Quad Isometrics
___ Achilles Tendon Stretching
___ Electrical Stimulation for Quadriceps

WEEK 3-4 ___ Range of Motion in weeks 3-4 increase 0° to 90°
___ Unlock Brace @ 4 weeks and return to normal gait
___ May Begin Exercise Bike, Closed Kinetic Chain Exercises

WEEK 5-6 ___ Range of Motion in weeks 5-6 increase to Full ROM
___ Discard Brace @ 6 weeks

RETURN TO SPORT PHASE ___ Return to Running @ 3-4 months
 ___ Return to Full Sports @ 4-5 months

Treatment: _____ **times per week** _____ **Home Program**

Duration: _____ **weeks**

**Please send progress notes.

Physician's Signature: _____
Patrick Birmingham, MD
Attending Orthopaedic Surgeon