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Physical Therapy Prescription

Patient
Name: _____ Date: _____

Diagnosis: Right/Left knee arthroscopic meniscectomy

Date of Surgery: _____

Evaluate and Treat – no open chain or isokinetic exercises
Provide patient with home exercise program

Weeks 1-2

- ◆Weight bearing as tolerated without assist by 48 hours post-op.
- ◆ROM – progress through passive, active and resisted ROM as tolerated (Goal – Full extension by 2 weeks, 130 degrees of flexion by 6 weeks)
- ◆Patellar mobilization daily
- ◆Strengthening – quad sets, SLRs, heel slides, ect. No restrictions to ankle/hip strengthening.

Weeks 2-6

- ◆ROM – Continue with daily ROM exercises (Goal – increase ROM as tolerated)
- ◆Strengthening – Increase closed chain activities to full motion arc. Add pulley weights, theraband, etc. Monitor for anterior knee pain symptoms.
- ◆Progress strengthening activities – wall sits, lunges, balance ball, leg curls, leg press, plyometrics, squats, core strengthening
- ◆Continue stationary bike and biking outdoors for ROM, strengthening, and cardio.

Other:

Modalities

Electric Stimulation Ultrasound Heat before/after Ice before/after

May participate in aquatherapy

Frequency: _____ x/ week x _____ weeks

Signature: _____

Please fax a copy of patient report to 312-942-1517 at least 3 days prior to patient appointment.