



PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DIAGNOSIS (LEFT / RIGHT) MEDIAL/LATERAL MENISCAL REPAIR

DATE OF SURGERY _____

KNEE PHYSICAL THERAPY PRESCRIPTION

0--2 Weeks—TDWB IN BRACE, crutches, Passive ROM 0---60 only, Straight leg raise, isometric quads, icing and edema control, ankle pumps.

2 Weeks s/p Reconstruction

- ___ Advance to full WB with brace locked in extension
- ___ Progress AAROM and AROM 0 –90. Limit flexion to 90 for 4 weeks to protect meniscus. Pasive terminal extension (40° --- 0°)
- ___ Quadriceps re---education E---stim / Biofeedback
- ___ Isometrics at 90° / Straight Leg Raises with 1lb weight
- ___ Patellar mobilization (gentle)
- ___ Short crank bicycle ergometry
- ___ Cryotherapy
- ___ Goals --- 90° flexion by end week 4
110° flexion by end week 6

6 Weeks s/p Reconstruction—DC brace, allow full weight bearing.

- ___ Open Brace then discontinue if quad control is good.
- ___ Terminal ROM flex and extension. No limitations
- ___ Begin squat/step program
- ___ Quadriceps strengthening
- ___ Continue closed chain Quadriceps strengthening in full arc (leg press, wal slides)
- ___ Begin retro program

12 Weeks s/p Reconstruction

- ___ Quadriceps Isotonics --- full arc for closed chain.
- ___ Begin functional exercise program
- ___ Isokinetic Quadriceps with distal pad
- ___ Begin running program at 16 weeks

Treatment: _____ times per week **Duration:** _____ weeks

Physician's Signature: _____

Seth C. Gamradt, MD, Attending Orthopaedic Surgeon, USC

