



**Xinning Li, M.D.**



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

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**ARTHROSCOPIC MENISCAL REPAIR (ACL INTACT KNEE)  
PHYSICAL THERAPY PRESCRIPTION**

**Patient Name:**

**Date:**

**LEFT or 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

**Signature:** \_\_\_\_\_

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