

# 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. Passive 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, wall 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**