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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 714-634-4569 at least 3 days prior to patient appointment.