

**Curtis J Kephart, MD**  
**Orthopedic Surgery and Sports Medicine**  
**(561) 637-4200 OFFICE**  
**(561) 637-3222 FAX**  
**FL License: 116858**

Patient Sticker Here

Date

**Knee Arthroscopy for Meniscus Repair  
 Physical Therapy Protocol**

**0-1 month post op**

- 1 visits per week, everyday home program
- Prone lying and gentle stretching to achieve full extension
- Quad sets, straight leg raises (full arc quads, no weights) plus electrical stimulation (may increase number of visits if quad inhibited)
- Hamstring isometric sets
- Patella mobilization, especially superiorly, plus cross friction massage – scar management
- Prone knee flexion, heel slides, calf and hamstring stretching, calf pumps, plus ankle and hip ROM
- Strictly limit flexion to 90 degrees (NO EXCEPTIONS!)
- Icing or cryotherapy 5 times per day and 20 minutes after exercises
- Patient should achieve **full hyperextension** symmetrical to contralateral leg within 3 weeks (if not contact Dr. Kephart)
- Weight bearing 100% with brace locked in extension.
- Brace must be locked in extension for the first week at all times (except for exercises and shower), and then can be unlocked (to 90 degrees) except for crutch walking. Brace must be locked in extension for all crutch walking.

**1 – 2 months post op**

- 2 to 3 visits per week, everyday home program with goals
- Continue all exercises as above
- Brace may be unlocked at all times, and may be removed at night.
- Brace may be discontinued and crutches weaned at 6 weeks
- Progress from partial to full weight-bearing by 6 weeks
- Gait training to ambulate without a limp
- Flexion should be gradually progressed to full motion during this time period

**2 to 3 months post op**

- Everyday home program with goals
- Continue all exercises as above
- Begin quad exercises including mini-squats, wall slide mini-squats, leg presses, leg extensions (limited arc), hamstring curls, and toe raises with weights / step-ups, all with low weights and high repetitions
- Begin endurance closed-chain quadriceps exercises such as Stairmaster, stationary bike, elliptical trainer, and Nordic trac, etc
- Continue gait training with progression to fast walking on treadmill or level ground
- If pool available, swimming may be started but frog kick or breaststroke should be avoided
- Range of motion and gait should be normal by end of this phase, if not contact Dr. Kephart

**3 to 5 months post op**

- Everyday home program with goals. May have 2 visits per month to review progress and home program
- Continue all exercises as above
- Begin slow jogging and progress to slow running on level ground, no cutting until after 4 months
- Continue to advanced strengthening program and swimming all strokes
- Begin functional exercises for sports specific training

**5 to 8 months post op**

- 3 to 5 times per week home program with goals
- Continue all exercises as above
- Initiate plyometric program
- May progress to advanced running program to begin cutting and pivoting

**Criteria for Return to Sports / Full Activities**

- Normal lower extremity muscle strength (hamstring and quadriceps strength at least 90% of opposite leg)
- Single leg hop test and vertical jump at least 90% of opposite leg
- Gait should be normal
- Full range of motion
- Minimal swelling or quadriceps atrophy
- Squat and rise from a full squat
- Jog, full speed run, shuttle run, and figure of 8 running without a limp

**ADDITIONAL INFORMATION / INSTRUCTIONS:**

Please send progress notes.

**Physician's Signature:** \_\_\_\_\_

**Curtis J Kephart, MD**