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Partial Medial/Lateral Meniscectomy Physical Therapy Protocol

Patient Name:									
Surgery: Right/Left	Partial	Medial/Lateral	Meniscectomy	y					
Date of Surgery:									
Frequency: 1 2	3 4	times/week	Duration: 1	2	3	4	5	6	Weeks
* Weeks 0-2	Weight	bearing as tolerate	ed without assist	by 4	8 h	ours	post-	op	
		Daily Patellar Mo Strengthening – q	tension by 1 were bilization uad sets, SLRs, strictions to ankle ti-Inflammatory famstring stretch retching / Streng or Stretching / Stretching	heel e/hip Mod ning gthen	30 d slid stro laliti	es, e engtl ies	ees of tc. nenin	fle	COM as tolerated exion by 3 weeks
Weeks 2-6		Active ROM as to Progress strengthe curls, leg press	ait, discontinue of nerease closed control of theraband, etc. olerated ening activities splyometrics, sory bike/biking of	erutel hain Mor – wal quats utdoo	hes actiniton	when vitient for s, lunger st for R	s to f anter nges, rengt	ull ior ba her	motion arc. Add knee pain lance ball, leg
Functional Capa	city Eva	luationWo	ork Hardening/W	Vork	Con	nditio	oning		Teach HEP
			• -			opho	resis	_	TENS Heat before
Ice afterTrigg	ger point	s massage	_						
Signature				Date_					