

PHYSICAL THERAPY PRESCRIPTION

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DATE: _____

PATIENT NAME: _____

D.O.B: _____ MRN: _____

DIAGNOSIS: KNEE MENISCUS TEAR: MEDIAL LATERAL

Right Left Bilateral

SURGERY: KNEE MENISCUS REPAIR

DATE OF SURGERY: _____

General guidelines:

- Weight bear as tolerated with brace locked in extension; wean crutches immediately
- Avoid knee flexion > 90° x 6 weeks
- Do not load bent knee x 6 weeks
- Wean brace at 6 weeks

Rehab:

- Ice / Massage / Anti-Inflammatory Modalities
- Patellar mobilization
- Range of Motion - Active / Active-Assisted / Passive
- Quadriceps and Hamstring stretching / strengthening
- Straight Leg Raises / Quad Isometrics
- Exercise Bike 0-90° x 6 weeks, then advance to full ROM; add elliptical at 6 weeks
- Electrical Stimulation for Quadriceps
- Hydrotherapy

Treatment: Eval and Treat or 1 2 3 times per week

Duration: 4 6 weeks

Home Program

**Please send progress notes.

Physician's Signature: _____



NPI #: 1164790507