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Physical Therapy Prescription Arthroscopic Partial Meniscectomy

Patient Name: _____ **Today's Date:** _____ **Surgery Date:** _____
DOB: _____ **Sex:** _____
Dx: s/p (LEFT / RIGHT) Partial meniscectomy

MODALITIES			
TIME PERIOD	WEIGHT BEARING	RANGE OF MOTION	EXERCISES
0-2 weeks	As tolerated. Crutches first few days as needed.	Full ROM should be obtained quickly	Heel slides, quds sets, straight leg raises, SAQ. Patellar mobilization. Gait training. Stationary bike
2-4 weeks	Full weight bearing	Full ROM	LE Push and Hip Hinge exercises CKC, balance exercises, Jogging okay once eccentric step down is symmetric
4-6 weeks	Full weight bearing	Full ROM	LE Push and hip hinge exercises, CKC, Agility drills, sprinting, cutting

Physical therapy to evaluate and treat for post-op partial meniscectomy

Frequency & Duration: (circle one) 1-2 2-3 x/week for ____ weeks

**Please send progress notes.

Physician's Signature: _____ **M.D.**