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Notes:

MARSHALL

*This protocol is

designed to serve as a
guide for the
rehabilitation process.

It is not intended to
supersede clinical
judgment and decision
making. Progression
rough each phase is
designed to allow for
maximal tissue healing
of repaired tissues and
is based on scientific
evidence and clinical

experience

Estimated Return to Sport / Work:

Criterion for Progression:

1)No effusion 2)Knee AROM 0-135 3)Full patellar mobility 4)Normalized gait pattern

Phase III - Tissue Remodeling/Hypertrophy Phase (weeks 10-24)

Goals: 1)Full knee AROM

2)Improve eccentric quad control

3)Strength progression

ROM: ROM to full

Exercise: Progressive Resistance Exercise

Leg press to 90 degrees

Single leg squats to 90 degrees

Advanced single Leg balance/proprioception exercises

Lateral motion/stepping

CV Exercise: Stairmaster/Climber

Swimming (week 12)

Criterion for Progression:

1)No pain or edema/effusion

2)Full knee AROM

3)20 reps to 60 degrees single leg squat with eccentric control and good lower extremity alignment

4)Quad strength >80% of uninvolved LE (10RM single leg press or isokinetically if available)

Phase IV – Sport Specific Training (weeks 24+)

Goals: 1)Begin sport specific drills

2)Begin jogging progression

3) Normalize neuromuscular control

4) Normalize jumping/landing mechanics if indicated

5)Prepare for return to sport

Exercise: Begin jogging progression

Begin agility progression
Begin plyometric progression
Begin sport specific strengthening

<u>Criterion for Return to Sport:</u> (Recommend combination testing of strength, agility, and power according to available resources/clinic setting)³

1)No pain or swelling

2)Quad strength > 90% of uninvolved (10RM leg press or isokinetic testing)12

3)IKDC (MCID 6.3@ 6mo; 16.7 @ 12 mo)^{2,4,5,16}

4)Confidence Question¹⁷

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	Meniscus Rep	pair: Complex/Radial/Large Peripheral
Ph	nase I – Tissue Prote	ection/Healing Phase (weeks 0-6)
oring	pals: 1)Reduce pair	n
vks G	2)Reduce effu	
wks/days	3)Achieve full knee extension ROM	
wks	4)Facilitate quadriceps activation	
	iji demitate qt	addition
Ext x wks	ROM:	PROM/AAROM (0-MD prescribed limit)
	NOW.	Stretch: Gastroc/soleus, quads, hams, TFL/ITB
race : weeks	Exercise:	Quad Isometrics ¹
	LACICISE.	SLR 4 way
		Clamshells at 30 and 60 degrees ⁹
CORO		Open chain knee extension (week 5)(90-30) ^{14,17}
weeks	Manual:	Patella mobilizations
	ivialiual.	Soft Tissue Mobilization patellar tendon
		Scar tissue mobilization patenal tendon
	Modalities:	Cryotherapy ^{5,6,15,20,25}
	ivioualities.	Functional Electrical Stimulation ^{14,22,23}
d v v vike		i diletional Electrical Stiffulation
xt xwks	itorion for Ducaus	ssion:
_° xwks	riterion for Progre	<u> </u>
	- 1 - 1 -	
wks	•	quad isometric contraction
wks		or lag with SLR
wks	· · ·	llar mobility
	4)Minimal e	ffusion/edema
	5)Knee AROI	M 0-90 degrees
Ph	nase II – Tissue Proli	feration Phase/Progression Phase (weeks7-9)
° xwks		
/d @ dir <u>G</u>	oals: 1)Improve kne	ee AROM
	2)Strength pro	ogression- develop functional quad control
	3)Normalize g	gait pattern
l Clinical	4)Minimize sh	near forces on knee
Cai		
	ROM:	PROM/AAROM/AROM(0-MD prescribed limit)
weeks		Stationary Bike
	Gait Training/Cone walking	
ROM: 0-90 deg by week 6	Exercise:	Standing weight shifting
		Wall/mini squats (0-45) ³
		Leg Press (60-10) ¹⁷
		Calf Raises
		Forward/Lateral step ups 4,12
		Single limb stance
		Single limb deadlifts
		Open/Closed chain hams curls to 90 (week 8)14
	Manual:	Continue PRN

Modalities:

Continue PRN