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**Knee Degenerative Meniscal Tear and Arthritis Non-operative Rehab Protocol
Prescription**

Patient Name:

Date:

Diagnosis: *Knee Degenerative Meniscal tear / Arthritis L / R knee*

Number of visits each week: 1 2 3 4

Treatment duration _____ weeks

Rehab Phase

Evaluate lower extremity gait, hip and core strength

Treat any noted deficits

Strengthening may include (but not limited to)

Closed chain quadriceps, hip and core

Non-impact aerobic exercise (e.g. bicycle, others)

Modalities as indicated

Daily HEP and icing

Maintenance Phase

Continue all exercises from prior phase

Phase out supervised rehab

Advance home strengthening and stretching program to be done daily

Daily icing

Encourage maintenance gym work-outs focusing on strengthening and non-impact aerobic exercise

ADDITIONAL COMMENTS: _____

Concerns or questions:

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Physician Signature: