Rehabilitation Protocol: Meniscus Allograft Transplantation

Name: ____________________________ Date: ______________________

Diagnosis: ________________________ Date of Surgery: ____________

Phase I (Weeks 0-8)

- **Weightbearing:**
  - **Weeks 0-2:** Partial Weightbearing (up to 50%)
  - **Weeks 2-6:** Advance to WBAT with crutches (d/c crutches at 4 weeks post-op if gait normalized)

- **Hinged Knee Brace:** worn for 6 weeks post-op
  - Locked in full extension for ambulation and sleeping – remove for hygiene (Week 1)
  - Locked in full extension for ambulation– remove for hygiene and sleeping (Week 2)
  - Set to range from 0-90° for ambulation- remove for hygiene and sleeping (Weeks 3-6)
  - Discontinue brace at 6 weeks post-op

- **Range of Motion** – PROM → AAROM → AROM as tolerated
  - **Weeks 0-2:** Non-weightbearing 0-90°
  - **Weeks 2-8:** Full non-weightbearing ROM as tolerated – progress to flexion angles greater than 90°

- **Therapeutic Exercises**
  - Quadriceps sets, heel slides, straight leg raises, patellar mobilizations, co-contractions (Weeks 0-2)
  - Add heel raises and terminal knee extensions (Weeks 2-8)
  - Activities in brace for first 6 weeks – then without brace
  - No weightbearing with flexion > 90° during Phase I
  - Avoid tibial rotation for first 8 weeks to protect the meniscal allograft

Phase II (Weeks 8-12)

- **Weightbearing:** As tolerated
- **Range of Motion** – Full active ROM

- **Therapeutic Exercises**
  - Progress to closed chain extension exercises, begin hamstring strengthening
  - Lunges – 0-90°, Leg press – 0-90° (flexion only)
  - Proprioception exercises
  - Begin use of the stationary bicycle

Phase III (Months 3-6)

- **Weightbearing:** Full weightbearing with normal gait pattern
- **Range of Motion** – Full/Painless ROM

- **Therapeutic Exercises**
  - Continue with quad and hamstring strengthening
  - Focus on single-leg strength
  - Begin jogging/running
  - Plyometrics and sport-specific drills
  - Gradual return to athletic activity as tolerated (6 months post-op)
  - Maintenance program for strength and endurance

Comments:

Frequency: _____ times per week  Duration: ________ weeks

Signature: ____________________________ Date: ______________________