



## Rehabilitation Protocol: Meniscus Allograft Transplantation

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

- Phase I (Weeks 0-8)**
- **Weightbearing:**
    - **Weeks 0-4:** Toe touch weightbearing
    - **Weeks 4-6:** 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 (**Weeks 2-4**)
    - Set to range from 0-90° for ambulation- remove for hygiene and sleeping (**Weeks 4-6**)
    - Discontinue brace at 6 weeks post-op.
  - **Range of Motion** – PROM → AAROM → AROM as tolerated
    - **Weeks 0-4:** Non-weightbearing 0-90°
    - **Weeks 5-8:** 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 weeks 0-4**
    - **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: \_\_\_\_\_