

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: _____