Rehabilitation Protocol:

Meniscus Allograft Transplantation

OM	AR	RAH	IMAN,	MD,	MBA
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Orthopedic Surgeon | Sports Medicine



Name:

Diagnosis: ___

Phase I (Weeks 0-8)

- Weightbearing
 - Weeks 0-2: Toe Touch Weightbearing
 - Weeks 3-6: Advance 25% each week up to 6 weeks
 - 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, 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

Frequency: 2-3 times per week

Signature: _____

Duration: 6-8 weeks

Date:_____

Date:

Date of Surgery: __