



**Rehabilitation Protocol: Meniscus Allograft Transplantation**

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

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

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

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

**Phase I (Weeks 0-8)**

- **Weightbearing:**
  - **Weeks 0-4:** Partial Weightbearing (up to 50%)
  - **Weeks 4-6:** Advance to WBAT with crutches (d/c crutches when normal gait achieved)
- **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: \_\_\_\_\_ week

Signature: \_\_\_\_\_

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