

# **Rehabilitation Protocol: Meniscus Allograft Transplantation**

# 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 postop 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 4 AAROM 4 AROM as tolerated
  - + Weeks 0-2: Non-weightbearing O-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> 900 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