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REHAB PROTOCOL: Meniscus Allograft Transplantation

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-8)

Weightbearing:

- o **Weeks 0-2:** Partial Weightbearing (up to 50%)
- o **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

- o Locked in full extension for ambulation and sleeping – remove for hygiene (**Week 1**)
- o Locked in full extension for ambulation– remove for hygiene and sleeping (**Week 2**)
- o Set to range from 0-90° for ambulation- remove for hygiene and sleeping (**Weeks 3-6**)
- o Discontinue brace at 6 weeks post-op

Range of Motion – PROM → AAROM → AROM as tolerated

- o **Weeks 0-2:** Non-weightbearing 0-90°
- o **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**

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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: _____