

Rehabilitation Protocol: Meniscus Allograft Transplantation

Date of Surgery: _____

Meniscus: ☐ Medial ☐ Lateral

Concomitant: ☐ Osteotomy ☐ Cartilage Procedure ☐ ACL Reconstruction – follow the more conservative restriction

Protect the allograft: No weightbearing with flexion >90° and avoid tibial rotation for 8 weeks. Please contact our office with any questions or concerns.

☐ Phase I – Protection (Weeks 0–8)

- **Weightbearing: Weeks 0–2:** partial weightbearing (up to 50%). **Weeks 2–6:** advance to WBAT with crutches; discontinue crutches at 4 weeks if gait normalized
- **Hinged Knee Brace: Week 1:** locked in extension for ambulation and sleep. **Week 2:** locked in extension for ambulation; off for sleep. **Weeks 3–6:** 0–90° for ambulation. Discontinue at 6 weeks
- **Range of Motion** – PROM to AAROM to AROM. **Weeks 0–2:** non-weightbearing 0–90°. **Weeks 2–8:** full non-weightbearing ROM as tolerated, progressing beyond 90°
- **Therapeutic Exercises**
 - **Weeks 0–2:** Quad sets with NMES (quad stim), heel slides, SLR, patellar mobilization, co-contractions
 - **Weeks 2–8:** Add heel raises and terminal knee extensions
 - Exercises in brace for the first 6 weeks

☐ Phase II – Early Strengthening (Weeks 8–12)

- **Weightbearing:** As tolerated
- **Range of Motion** – Full active ROM
- **Therapeutic Exercises**
 - Closed chain extension; begin hamstring strengthening
 - Lunges 0–90°; leg press 0–90°
 - Proprioception; stationary bike

☐ Phase III – Strengthening and Return to Activity (Months 3–6)

- **Therapeutic Exercises**
 - Quad and hamstring strengthening with single-leg focus
 - Jogging/running; plyometrics and sport-specific drills
- **Return to Activity:** Gradual return to athletic activity at **6 months** with physician clearance; maintenance strength and endurance program