

Rehabilitation Protocol: Meniscus Allograft Transplantation

Name:	Date:	
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Diagnosis:	Date of Surgery:	
Phase I (We	eeks 0-8)	
Weigh	htbearing	
0	Weeks 0-2: Toe Touch Weightbearing	
0		
	 Advance to WBAT with crutches (d/c crutches at 4 weeks post normalized) 	-op if gait
Hinge	ed Knee Brace: worn for 6 weeks post-op	
0	Locked in full extension for ambulation and sleeping - remove for hy	ygiene (Week 1)
0	2001104 111 1411 0110011011 101 411110 411401011 110110 101111 117 610110 41141 5100	
		ing (Weeks 3-6)
	F F	
Range	ge of Motion – PROM, AROM as tolerated	
0		
	■ Weeks 2-8: Full non-weightbearing ROM as tolerated – pro	gress to flexion
	angles greater than 90°	
	apeutic Exercises	
0	Ç,,,,,,, F,	co-contractions
	(Weeks 0-2)	
	Add heel raises and terminal knee extensions (Weeks 2-8)	
0		
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Phase II (Wee	<u>-</u>	gran
Weigh	htbearing: As tolerated	
_	ge of Motion – Full active ROM	
_	apeutic Exercises	
	Progress to closed chain extension exercises, begin hamstring strength	hening
		8
Phase III (Mo		
Weigh	htbearing: Full weightbearing with normal gait pattern	
Range	ge of Motion - Full/Painless ROM	
	apeutic Exercises	
	Continue with quad and hamstring strengthening	
	Focus on single-leg strength	
	Begin jogging/running	
	Plyometrics and sport-specific drills	
	ual return to athletic activity as tolerated (6 months post-op)	
	tenance program for strength and endurance	
Comments:		
Frequency: 2	2-3 times per week Duration: 6-8 weeks	
Signature:	Date:	

