

Rehabilitation Protocol: Meniscal Allograft Transplantation

Phase I: **0-8 weeks**

- Brace:
 - 0-2 weeks: Locked in full extension, off for hygiene and ROM exercise only
 - 2-8 weeks: Unlock during daytime 0-90 deg, otherwise locked in extension when sleeping until week 4
- Weightbearing:
 - 0-2 weeks: non-weightbearing
 - 2-6 weeks: heel touch weightbearing in extension
 - 6-8 weeks: advance 25% weekly until full, no weightbearing with flexion >90 deg or tibial rotation to protect meniscus
- ROM: 0-90 deg as tolerated when non-weightbearing
- Exercises:
 - 0-2 weeks: quad sets, SLR, calf pumps, passive leg hangs to 90 deg at home
 - 2-6 weeks: PROM/AAROM to tolerance, patella and tibiofibular joint mobs, quad, hamstring, and glute sets, side-lying hip and core
 - 6-8 weeks: addition of heel raises, closed chain exercises, gait normalization, eccentric quads, eccentric hamstrings; advance core, glutes, and pelvic stability

Phase II: **8-12 weeks**

- Brace: None
- Weightbearing: full
- ROM: Full, caution with flexion >90 deg to protect meniscus
- Exercises:
 - Progress closed chain activities
 - Begin unilateral stance activities, balance training, hamstring work, hip/core/glutes, lunges/leg press 0-90 deg maximum

Phase III: **12-24 weeks**

- Brace: None
- Weightbearing: Full
- ROM: Full
- Exercises:
 - Advance Phase II exercises; maximize core/glutes, pelvic stability work, eccentric hamstrings, balance
 - Begin stationary bike at 12 weeks with low resistance
 - Swimming with straight leg kicks as tolerated after 12 weeks, other rotational strokes >16 weeks
 - Elliptical as tolerated after 16 weeks

Phase IV:
6+ months

- Brace: None
 - Weightbearing: Full
 - ROM: Full
 - Exercises:
 - Advance to functional activity without impact
 - Return to sport-specific activity and impact once cleared by MD, typically closer to 9-12 months post-op.
- *Avoid any tibial rotation for 8 weeks to protect meniscus
- *Alignment correction procedures do not change protocol (ie, HTO, DFO, TTO)