

Rehabilitation Protocol: Meniscal Allograft Transplantation



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Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-8)

- **Weightbearing:**
 - **Weeks 0-2:** Partial weightbearing (up to 50%)
 - **Weeks 3-6:** Advance to WBAT with crutches (D/C crutches at 4 wks if gait normalized)
- **Hinged Knee Brace:** Worn for 6 weeks postop
 - Locked in full in extension for ambulation & sleeping – remove for hygiene (Week 1)
 - Locked in full extension for ambulation – remove for sleeping & hygiene (Week 2)
 - Set to range 0-90° for ambulation - remove for sleeping & hygiene (Week 3-6)
 - Discontinue brace at 6 weeks post-op
- **Range of Motion** – PROM -> AAROM -> AROM as tolerated
 - **Weeks 0-2:** Non-weightbearing 0-90°
 - **Weeks 2-8:** Full non-weightbearing ROM as tolerated progress flexion angles >90°
- **Therapeutic Exercises: In brace from 0-6 weeks.**
 - **Weeks 0-2:** Quadriceps sets, heel slides, straight leg raises, patellar mobilizations, co-contractions
 - **Weeks 3-8:** Add heel raises and terminal knee extensions
- **Precautions:**
 - **No weightbearing with flexion >90° during Phase I**
 - **Avoid tibial rotation to protect meniscal allograft during Phase I**

Phase II (Weeks 8-12)

- **Weightbearing:** Full weightbearing as tolerated
- **Range of Motion** – Advance to full/painless 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 stationary bike

Phase III (Months 3-6)

- **Weightbearing:** Full weightbearing as tolerated
- **Range of Motion** – Advance to full/painless ROM (patient should obtain 130° of flexion)
- **Therapeutic Exercises**
 - Continue with Quad/Hamstring/Core strengthening
 - Focus on single-leg strength
 - Begin jogging
 - Plyometrics and sport-specific drills
- Gradual return to athletic activities (at 6 months) as directed by MD
- Maintenance program for strengthening

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____