

Meniscal Allograft Transplantation Rehab Protocol

Description of Procedure: A size-matched cadaver donor meniscus is transplanted into the site of the original meniscus. The meniscus is anchored anatomically by bony fixation centrally and non-absorbable vertical mattress sutures peripherally (exits through accessory posterior incision).

Safety Warning: Meniscal motion is greatest past 60 degrees. During patient cellular invasion of transplant, excessive loading may be detrimental. Avoid any tibial rotation for eight weeks to protect meniscus.

	Weight Bearing	Brace	ROM	Therapeutic Exercise
Phase I: 0 to 6 Weeks	Minimal weight bearing for 4 weeks then gradual progression to full weight bearing by 6 weeks	Worn for 4 weeks post-operatively (remove for exercises and CPM use)	0 to 2 Weeks: 0 to 60° with CPM 2 to 4 Weeks: 0 to 90° with CPM 4 to 6 Weeks: Full motion	1 to 2 Weeks: Prone hangs, heel props, quad sets, SLR, hamstring isometrics - complete exercises in brace if quad control is inadequate; core proximal program; normalize gait; FES biofeedback as needed 4 to 6 Weeks: Addition of heel raises, total gym adduction/abduction exercises and incorporate use of stationary bike (high seat, low resistance) <i>**No weight bearing with flexion greater than 60° during Phase I</i>
Phase II: 6 to 12 Weeks	Full, with a normalized gait pattern	None	Full active range of motion	Progress bilateral closed chain strengthening using resistance less than patient's body weight, progress to supine unilateral leg press with low weight, high reps; continue opened chain knee strengthening (NO squats, wall slides, lunges or knee extension exercises)
Phase III: 12 Weeks and Beyond	Full, with a normalized gait pattern	None	Full and pain-free	Advance bilateral and unilateral closed chain exercises with emphasis on concentric/eccentric control, continue with biking, elliptical, and walking on treadmill, progress balance activities 12 to 24 Months: Progression back to sport specific activities if cleared by Dr. Farr

- No closed chain exercises until six weeks post-op.
- CPM used if concomitant cartilage restoration performed at the time of the osteotomy.
- Progression back to sport is dependent on case per case basis and determined by Dr. Farr. If pain or swelling occurs patient is expected to stop causative activity and follow-up with our office.
- Leg extension with resistance are not allowed indefinitely.