

MENISCUS TRANSPLANTATION PROTOCOL

Name: _____

Diagnosis: _____

Date of Surgery: _____

Frequency: 1 2 3 4 times / week Duration: 1 2 3 4 5 6 Weeks

____Weeks 0-2:

- Brace at all times (see below for ROM restrictions and brace settings)
- Toe touch weight bearing with brace in full extension when ambulating
 - Locked in full extension when sleeping
 - When not ambulating, 0-90 degrees when sitting/performing PT
- Heel slides, quad sets, patellar mobs, ankle pumps, straight leg raises (with brace locked)

____Weeks 2-6:

- WBAT with crutches for support – discontinue crutches at 4 weeks when gait normalizes
- Brace set 0-90 when ambulating – NO weight bearing with knee > 90 degrees flexion
 - Discontinue brace at 6 weeks
- Full ROM allowed when not ambulating/at rest/with PT
- Addition of heel raises, closed chain exercises, terminal knee extension
 - With brace until 6 weeks then may d/c brace after 6 weeks
- Avoid tibial rotation

____Weeks 6-12:

- WBAT without crutches/brace and full active ROM allowed
- Progress closed chain strengthening and begin stationary bike exercises
- Hamstring work, lunges (0-90 degrees only)

____Weeks 12-16+:

- Continue to advance with week 6-12 exercises
- Progress to functional activities
 - Jogging to running progression, slideboard, single leg hops, plyometrics
- Sports specific exercises

Signature _____

Date: _____