



Knee Meniscus Allograft Transplant Post-Operative

Guidelines Phase I (Weeks 0-8)

***No weightbearing with flexion > 90° during Phase I**

***Avoid tibial rotation for first 8 weeks to protect the meniscal allograft**

Weightbearing:

- **Weeks 0-6:** Partial Weightbearing (up to 50%) with crutches
- **Weeks 6-8:** Advance to WBAT with crutches (d/c crutches when gait normalized)

Hinged Knee Brace: worn for 6 weeks post-op

- **Week 1:** Locked in full extension for ambulation and sleeping – remove for hygiene
- **Week 2-4:** Locked in full extension for ambulation– remove for hygiene and sleeping
- **Weeks 5-6:** Set to range from 0-90° for ambulation- remove for hygiene and sleeping
- Discontinue brace at 6 weeks post-op

Range of Motion – PROM → AAROM → AROM as tolerated

- **Weeks 0-2:** Non-weightbearing 0-90° supine
- **Weeks 2-8:** Full non-weightbearing ROM as tolerated – progress to flexion angles greater than 90°

Therapeutic Exercises

- **Weeks 0-2:** Proximal (glutes, abductors) strengthening, quadriceps sets, heel slides, straight leg raises, patellar mobilizations, co-contractions
- **Weeks 2-8:** Add heel raises and terminal knee extensions
- Activities in brace for first 6 weeks – then without brace



Phase II (Weeks 8-12)

Weightbearing: As tolerated

Range of Motion – Full active ROM

Therapeutic Exercises

- Advance proximal strengthening
- Progress to closed chain extension exercises, begin hamstring strengthening
- Lunges – 0-90°, Leg press – 0-90° (flexion only)
- Proprioception exercises
- Begin use of the stationary bicycle

Phase III (Months 3-6)

Weightbearing: Full weightbearing with normal gait pattern

Range of Motion – Full/Painless ROM

Therapeutic Exercises

- Advance proximal strengthening
- Continue with quad and hamstring strengthening
- Focus on single-leg strength
- Begin jogging/running
- Plyometrics and sport-specific drills
- Gradual return to athletic activity as tolerated (6 months post-op)
- Maintenance program for strength and endurance