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Postoperative Rehabilitation Guidelines **Meniscal Allograft Transplantation**

The following protocol is intended as a general guideline for physical therapist, athletic trainer, and patient after meniscal allograft reconstruction. These guidelines are designed to facilitate the expedited and safe return to athletic or professional activity and is based on a review of the current scientific principles of knee rehabilitation. For the treating health care provider this protocol should not serve as a substitute for individualized clinical decision making during the patient's post-operative course but should rather take into consideration the individual's physical findings, progression, and possible post-operative limitations. If the therapist or patient requires assistance or encounters any postoperative complication they should consult with **the surgeon**.

Physical Therapy to start one (1) week post-op.

Phase I (Week 0-4)

Goals:

1. Restore Quadriceps control
 2. Protect Surgical Repair
 3. Reduce Swelling
 4. Maintain ROM
- TTWB Weight-bearing
 - Edema Reduction, Aggressive Cryotherapy
 - Locked Brace at 0
 - Unlocked for sitting and HEP
 - CPM until range 0-110 degrees
 - PROM
 - 0-90 degrees
 - Patellar mobilization
 - Ankle pumps, SLR, Quad sets, heel slides,
 - OK to use NMES unit

Phase II (weeks 4-10)

- Continue all exercises from Phase 1
- Full Weight Bearing
- ROM
 - No restrictions PROM or AROM
 - Continue emphasis on full extension (support heel at night, prone hangs, extension sitting)
- Gait training
- Strengthening
 - Active knee extension with progressive resistance (start at 5 lbs and progress 2-3 lbs/week)
 - Closed kinetic chain exercises (minisquats, short-crank ergometry)
 - Hamstring, hip abductor, gastroc/soleus strengthening
 - Well leg exercises (unilateral leg press, lunges, theraband exercises)
- Open kinetic chain exercises (0-80 degrees)
- Bike progressing to Elliptical
- Start step program (forward and lateral steps) at 8 weeks
- Aquajogging
 - If available.
- ICE PRN

Phase III (Week 10-16)

- Continue all exercises from Phase II
- Maintain Cardiovascular conditioning
 - Bike, Elliptical, Stairmaster
 - Retrograde treadmill ambulating
- Progressive hip abduction/adduction/flexion/extension strengthening
- Progressive squatting/leg press program
- Avoid squatting/leg press if with patellofemoral pain → resume isometric exercises
- Isotonic knee extensions
- Running
 - Start in-line jogging at 10 weeks if painfree
 - Start in-line running at 12 weeks if painfree
- Initiate proprioceptive/neuromuscular exercises
 - Balance board squats
- Progressive Stepdown Program
- Lateral movements (slide board, shuffles) at 12 weeks
- Initiate agility drills at 12 weeks

Phase IV (Week 16)

- Continue with exercises from Phase III
- Start and advance plyometric drills
- Progress running and agility program
- Initiate cutting, jumping drills
- Start and advance sport-specific skill and agility training
- Continue sport-specific skill program and functional progression
- Gradual return to sport (MD directed)