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Meniscal Allograft Transplant

REHABILITATION PROTOCOL

PHASE	RANGE OF MOTION	BRACE / WEIGHT BEARING	THERAPEUTIC EXERCISE
Phase I **0–2 weeks** GOAL TO ADVANCE *Flexion 0-90°; leg raise without lag*	0-90° by first visit (not weight bearing)	Brace locked straight at all times (off for hygiene and exercise). Heel-touch weight bearing with crutches	Calf pumps, kneecap mobilization, quad sets, straight-leg raises in brace
Phase II **2–8 weeks** GOAL TO ADVANCE *Full weight bearing with normal gait*	0-90°, then advance as tolerated. NO weight-bearing bending past 90°*	Weeks 2-6: heel-touch weight bearing, brace unlocked. Weeks 6-8: wean crutches to full weight bearing; discontinue brace with normal gait	Hip and core work, quad sets; from 6 weeks heel raises, closed-chain work in limited range. Avoid twisting on the knee for 8 weeks
Phase III **8–12 weeks** GOAL TO ADVANCE *Full motion; good single-leg control*	Full	Full; no brace	Closed-chain progression, hamstrings, balance; lunges and leg press 0-90°; stationary bike from 10 weeks
Phase IV **3–5 months** GOAL TO ADVANCE *Pain-free daily activity*	Full	Full	Walking lunges, planks, bridges, balance work; swimming from 16 weeks
Phase V **5–12 months** GOAL TO ADVANCE *Physician clearance*	Full without discomfort	—	Advance low-impact activity. No running, jumping, pivoting or sport unless cleared**

NOTES

*Deep loaded bending puts the highest stress on the transplant while it heals to the bone

**If approved by physician. Many patients are advised to limit repetitive impact long term to protect the transplant