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Physical Therapy Prescription – Meniscus Allograft Transplantation with Osteochondral Allograft Transplant

Name:	Date:
Procedure: R / L meniscus transplantation	Date of Surgery:
Frequency: 2-3 times per week for weeks	
PHASE I (Weeks 0 – 2): Period of protection, decrease edema,	activate quadriceps
 Weightbearing: Heel-touch WB with crutches in brace Hinged Knee Brace: Locked in full extension at all times Range of Motion: CPM 0-90°. Gentle passive 0-90°. Therapeutic Exercises: Heel slides, quad/hamstring se with brace in full extension until quad strength prevents on Avoid tibial rotation for first 8 weeks to protect the Modalities: Per therapist, including electrical stimulation 	ets, heel slides, Gastroc/Soleus stretching, SLRs extension lag, total gym (closed chain) ne allograft
Phase II (Weeks 2– 8)	
 Weightbearing: Weeks 2-6: Heel touch only Weeks 6-8: Increase 25% per week, progress to Hinged Knee Brace: Weeks 2-8: Locked 0-90° Wean out of brace at 8 weeks Range of Motion: Advance as tolerated with caution dur of meniscus. Therapeutic Exercises: Weeks 2-6: Add side lying hip and core, advance of Weeks 6-8: Addition of heel raises, total gym (cleen eccentric quads, eccentric hamstrings. Advance Modalities: Per therapist, including electrical still (after) 	ring flexion>90° to protect posterior horn e quad set and stretching osed chain), gait normalization, e core, glutes and pelvic stability.
Phase III (Weeks 8 – 12)	
 Range of Motion: Full, painless Therapeutic Exercises: Progress to advance closed chamstring work, lunges/leg press 0-90°only, proprioception Swimming okay at 16 weeks Modalities: Per therapist, including electrical stimulation 	ion/balance exercise.
Phase IV (Weeks 12 – 24)	
Progress Phase III exercises, walking lunges, planks, bri	idges, swiss ball, half-bosu exercises
Phase V (>6 months): Gradual return to athletic activity	
 Advance to all activity w/o impact such as running, jump cleared by MD 	ing, pivoting, sports until
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