

Pediatric Orthopedic and Scoliosis Center Rehabilitation Medicine Center

Meniscal Allograft Transplantation Rehabilitation Protocol

I. IMMEDIATE POSTOPERATIVE PHASE (Week 0-2)

Goals: Reduce swelling, inflammation and pain Gradually increase ROM

Reestablish patellar mobility

Restore voluntary quadriceps control

Protect healing tissues

A. Week One

- 1. Cryotherapy elevation and compression
- 2. Brace: knee immobilizer (sleep in brace)
- 3. Weight bearing: toe touch (less than 25%)
- 4. Range of motion: full passive knee extension gradually progress to 90 degrees flexion

(*Use of CPM if necessary)

5. Exercises: Patellar mobilization

Heel slides to gain flexion

Quadriceps setting

Straight leg raises (flexion)

Knee extension (active assisted)

Ankle pumps

Hamstrings, gastroc-soleus stretches

B. Week Two

- Continue all exercises listed above
- Use ice before and after exercise

II. PROTECTION PHASE (Weeks 3-8)

Goals: Protect healing tissue

Gradually restore RIOM (flexion) Maintain full passive extension

Progress weight bearing

Restore quadriceps muscle strength

Criteria to progress to Phase II:

- 1. Mild effusion
- 2. Good patellar mobility
- 3. ROM minimal 0-95 degrees
- 4. Active quadriceps contraction

A. Weeks 3-4

- 1. Brace: continue use of knee immobilizer (sleep in brace for 4 weeks)
- 2. Weight bearing: increase to 50% at week 3 and 75% at week 4
- 3. Range of motion: passive ROM 0-105 week 3
- 4. Exercises: Patellar mobilizations

Scar mobilization (if needed and closed incision)

Passive knee ROM

Quad setting

Multi-angle knee extension 30 degrees, 60 degrees

Straight leg raise (flexion)

Hip abd/adduction

Knee extension (90-30 degrees)

Hamstrings, gastroc, soleus stretching Electrical muscle stimulation to quads

UBE for aerobic conditioning

5. Cryotherapy: continue use of ice and compression

B. Weeks 5-6

- 1. Brace: continue use of knee/immobilizer
- 2. Weight bearing gradually progress to FWIB week 6
- 3. Range of motion: Passive ROM 0-120 week 5

Passive ROM 0-135 week 6

- 4. Exercises: continue all strengthening exercises listed above
 - Pool exercise program
 - Initiate bicycle
- 5. Cryotherapy: continue use of ice and compression

C. Weeks 7-8

1. Brace: discontinue use of brace at week 7-8

2. Weight bearing: full without brace

3. Range of motion: passive ROM 0-135 degrees

4. Exercises: Straight leg raises (flexion)

Hip abd/adduction

Knee extension (90-30 degrees) CKC mini-squats (0-40 degrees) CKC leg press (0-60 degrees)

Bicycle

Pool program and swimming

Continue stretching hamstrings and gastroc

Proprioception and balance training

Cup walking

*No resisted hamstrings

III. MODERATE PROTECTION PHASE (Weeks 9-12)

Goals: Protect healing tissue (deep squats)

Maintain full ROM

Normalize strength and proprioception

Criteria to progress to Phase III:

- 1. Range of motion0-135 degrees
- 2. Minimal pain and effusion
- 3. Quadriceps strength 4/5
- 4. Good patellar mobility
- 5. Symmetrical gait

A. Weeks 9-12

1. Exercises: Stretch hamstrings and gastroc muscles

Progress strengthening exercises listed above

Initiate following: Walking program

Swimming

Lateral step-ups

Wall squats (no deep)

Progress proprioception training

IV. MINIMAL PROTECTION PHASE (Weeks 13-22)

Goals: Increase strength, power and endurance

Begin gradual return to function

<u>Criteria to progress to Phase IV</u>:

- 1. Full non-painful ROM
- 2. Minimal to no effusion
- 3. Normal gait
- 4. Strength 4 to 4+/5
- A. Weeks 13-22

1. Exercises: Leg press 0-100 degrees

Wall squats 0-60 degrees Lateral step-ups (6") height Front step-downs (6") height Knee extension 90-30 degrees

Hip abd/adduction Vertical squats

Bicycle

Toe-calf raises Stairmaster

Pool running/jobbing program Walking longer distance

- 2. May return to work depending on job demands (physician decision)
- B. Week 20
 - 1. Continue all exercises listed above
- V. RETURN TO ACTIVITY PHASE (Weeks 23-52)

Goals: Gradual return to functional activities

<u>Criteria for progress to Phase V:</u>

- 1. Full non-painful ROM
- 2. No swelling
- 3. Normal patellar mobility
- 4. Strength: isokinetics test satisfactory result 10-15% of appropriate leg

A. Week 23 and Beyond

- 1. Exercises: continue all exercises listed above
- 2. Initiate light jobbing (if appropriate and physician clearance)
- 3. May return to light aerobic conditioning

B. Week 26-30

1. Return to recreational sports (physician decision)

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