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Post-Operative Protocol- Meniscus Transplant

Patient Name: _____ Date: _____

Diagnosis: _____ Date of Surgery: _____

_____ Provide patient with home exercise program

0-2 Weeks: TDWB in brace in extension with crutches
Brace in extension for sleeping 0-2 wks.
Active/Passive ROM 0-90 degrees (non-weight bearing)
Quad sets, SLR, Heel Slides
Patellar Mobilization

2-6 Weeks: Advance to 50% PWB with crutches, then progress to full weight bearing at 5-6 wks.
May unlock brace for ROM
Progress with ROM until full
No weight bearing with knee flexion past 90 degrees

6-8 Weeks: WBAT with brace unlocked
D/C brace when quad strength adequate
D/C crutches when gait normalized
Wall sits to 90 degrees

8-12 Weeks: WBAT without brace
Full ROM with closed chain exercises
Lunges from 0-90 degrees
Leg press 0-90 degrees
Proprioception exercises
Begin Stationary Bike

12-16 Weeks: Progress Strengthening exercises
Single leg strengthening
Begin jogging and progress to running
Sports specific exercise

_____ Other:

Modalities: _____ Electric Stimulation _____ Ultrasound _____ Heat before/Ice after

Frequency: _____ x/ week x _____ weeks

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