



Armando F. Vidal, MD
Complex Knee, Shoulder and
Sports Medicine

Meniscal Transplant Protocol

Goals: crutch/brace education, pain and swelling control, range of motion, glute/quad/hamstring activation, progressive ROM > 120 by 6 weeks

CPM Machine

Start 0-30, progress 5 degrees per day as tolerated to 120 (4 hours per day, discontinue at 4 weeks post-op)

0-6 Weeks Post Op

- Brace 0-90° for 4 weeks post op
- Non weight bearing for 6 weeks post op
- Limit flexion to 90° until 4 weeks post-op
- Pain/edema control, patella mobilizations if necessary
- Quad Sets/Hamstring co-contractions
- SLR in brace at 0° until quad can maintain knee locked
- Heel slides in brace
- Obtain full extension if lacking
- BFR-Initiate at post op day 14

6 Weeks Post Op

- Stationary Bike with seat high and lower to normal seat height as tolerated
- Leg press with 50 % BW MAX!
- Leg extensions with in ROM restrictions, use high volume and light weight
- Leg curls with in ROM restrictions, use high volume and light weight
- Full WB
- No pivoting, twisting, hopping, jumping, running
- Encourage full ROM as tolerated
- Normalize gait mechanics

12 Weeks Post Op

- Progress open/closed chain resistance exercises as tolerated
- Isokinetic exercises
- Treadmill forward and retro walking
- Single leg stance for proprioception
- Cardiovascular Equipment of choice
- Slide Board – start with short distance and increase as tolerated
- Be aware of patellofemoral signs and symptoms and manage accordingly

16 Weeks Post Op



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- Continue as above
- Continue and progress flexibility and strengthening program
- Single leg squats

20 Weeks Post Op

- Continue as above
- Plyometrics – with both feet and move to single leg ASAP
- Assess light jogging on treadmill

24 Weeks Post Op

- Continue as tolerated
- Sport specific drills and plyometrics for speed and power