



Phase I (Weeks 0-8)

• **Weightbearing:**

- o **Weeks 0-2:** Partial Weightbearing (up to 50%)
- o **Weeks 2-6:** Advance to WBAT with crutches (d/c crutches at 4 weeks post-op if gait normalized)

• **Hinged Knee Brace:** worn for 6 weeks post-op

- o Locked in full extension for ambulation and sleeping – remove for hygiene

(Week 1)

- o Locked in full extension for ambulation– remove for hygiene and sleeping

(Week 2)

- o Set to range from 0-90° for ambulation- remove for hygiene and sleeping

(Weeks 3-6)

- o Discontinue brace at 6 weeks post-op

• **Range of Motion** – PROM -> AAROM -> AROM as tolerated

- o **Weeks 0-2:** Non-weightbearing 0-90°
- o **Weeks 2-8:** Full non-weightbearing ROM as tolerated – progress to flexion angles greater than 90°

• **Therapeutic Exercises**

o Quadriceps sets, heel slides, straight leg raises, patellar mobilizations, co-contractions **(Weeks 0-2)**

- o Add heel raises and terminal knee extensions **(Weeks 2-8)**

- o Activities in brace for first 6 weeks – then without brace

- o **No weightbearing with flexion > 90° during Phase I**

- o **Avoid tibial rotation for first 8 weeks to protect the meniscal allograft**

Phase II (Weeks 8-12)

• **Weightbearing:** As tolerated

• **Range of Motion** – Full active ROM

• **Therapeutic Exercises**

- o Progress to closed chain extension exercises, begin hamstring strengthening

- o Lunges – 0-90°, Leg press – 0-90° (flexion only)

- o Proprioception exercises

- o Begin use of the stationary bicycle

Phase III (Months 3-6)

• **Weightbearing:** Full weightbearing with normal gait pattern

• **Range of Motion** – Full/Painless ROM

• **Therapeutic Exercises**

- o Continue with quad and hamstring strengthening

- o Focus on single-leg strength

- o Begin jogging/running

- o Plyometrics and sport-specific drills

• Gradual return to athletic activity as tolerated (6 months post-op)

• Maintenance program for strength and endurance

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____ **Date:** _____

Name

Date

Diagnosis

Date of Surgery