





MENISCUS ALLOGRAFT TRANSPLANTATION (MAT)

PHYSICAL THERAPY PROTOCOL

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Patient Name:			Date of Surgery:
Evaluate and Treat		_	Provide patient with home program
Frequency:	x/week	X	weeks

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE I 0-2 weeks	Heel touch	Locked in full extension for sleeping and all activity Off for exercises and hygiene	0-90° when non- weight bearing	Heel slides, quad sets, patellar mobs, SLR, SAQ** No weight bearing with flexion >90°
PHASE	2-6 weeks: Heel touch WB with crutches			Addition of heel raises, total gym (closed chain), terminal knee extensions**
WEEKS	6-8 weeks: Progress to full	Discontinue brace		Activities w/ brace until 6 weeks; then





	WB	at 8 weeks		w/o brace as tolerated
				No weight bearing with flexion >90°
				Progress closed chain activities
PHASE III 8-12 weeks	Full	None	Full	Begin hamstring work, lunges/leg press 0-90°, proprioception exercises, balance/core/hip/glutes
				Begin stationary bike
PHASE IV	Full	None	Full	Progress Phase III exercises and functional activities: single leg balance, core, glutes, eccentric hamstrings,
12-20 weeks				elliptical, and bike Swimming okay at 16 wks
PHASE V > 20 weeks	Full	None	Full	Advance to sport-specific drills and running/jumping once cleared by MD

^{*}Brace may be removed for sleeping after first post-operative visit (day 7-10) **Avoid any tibial rotation for 8 weeks to protect meniscus

, , ,	have examined this patient and physical therapy is ouldwould not benefit from social services.
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	Date:
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