



Cartilage Repair Center

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Autologous Chondrocyte Transplantation

Patella/Femoral (Patella, Trochlea or Both)

Stage 1 - Proliferative Phase (0-6 weeks)

PRIMARY GOALS

DO NOT OVERLOAD GRAFT

INCREASE TIBIAL-FEMORAL AND PATELLA-FEMORAL MOBILITY

RESTORE QUADRICEPS CONTROL

BRACE	♦Hinged knee Brace locked in full extension for transfers and ambulation
PRECAUTIONS	♦Full weight-bearing with crutches, wearing hinged knee brace. If TTO then 50% weight-bearing
ROM	♦Gentle AROM flexion as tolerated. Only PROM extension allowed ♦CPM \geq 6-8 hours daily 0-40 degree only for first three weeks then full ROM as tolerated by pain ♦90 degree leg dangle once an hour each day to regain flexion ROM ♦Minimum 90 degree flexion by 3 weeks, 110 degree by 6 weeks, and full ROM by 12 weeks post-op
THEREX	♦Quad sets, SLR with brace locked, leg curl/heel slides, hip abduction ♦Standing resisted isometrics and closed-chain terminal knee extension (0-30 degree) with elastic band permitted at 3 weeks post-op ♦Stationary bicycle with no resistance once 90 degree knee flexion obtained (4 weeks)
THERAPY	♦Multi-directional patella mobilization immediately after surgery ♦Cryotherapy and Ace wrap for swelling and pain control ♦E-stim for VMO/quadriceps muscle re-education/biofeedback encouraged early after surgery if needed ♦Massage/deep friction to hamstring insertions, suprapatellar quadriceps, medial/lateral gutters and infrapatellar fat pad region at 2 weeks post-op ♦Whirlpool therapy recommended 3 weeks post-op to enhance motion
COMMENTS	♦ NO active open-chain due to increased patellofemoral contact forces ♦Contact MD if ROM not achieved within 20 degree of goal ♦No progression of this protocol until cleared by MD at 6 weeks post-op ♦No squats, no leg presses allowed

For Outpatient Physical Therapist:
2-3x week / 6 weeks



ORTHOPEDIC & SPINE INSTITUTE

at St. Mary's Medical Center