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Tibia and Femur

Autologous Chondrocyte Transplantation PT Protocol (#8)
Stage 1- Proliferative Phase (0-6 weeks)

PRIMARY GOALS

DO NOT OVERLOAD GRAFT
INCREASE TIBIAL-FEMORAL AND PATELLA-FEMORAL MOBILITY
RESTORE QUADRICEPS CONTROL

- BRACE** ♦Unloading brace to be worn at all times for at least 6-9 months after surgery
- PRECAUTIONS** ♦Heel-toe TDWB with crutches
- ROM** ♦Full AROM and gentle AAROM
♦CPM \geq 6-8 hours daily x 6 weeks. Progress range as tolerated.
♦Goal: Minimum 90 degrees flexion by 3 weeks, 110 degrees by 6 weeks, and full ROM by 12 weeks post-op.
- THEREX** ♦Quad sets, SLR in knee immobilizer as needed, leg curl/heel slides, hip abduction
♦Stationary bicycle with no resistance once 90 degrees knee flexion obtained (~4wks).
- THERAPY** ♦Gentle multi-directional patella mobilization immediately after surgery.
♦Cryotherapy and compression stockings/TEDS for swelling and pain control.
♦E-stim for VMO/quadriceps muscle re-education/biofeedback encouraged early after surgery if needed.
♦Gentle massage/deep friction to hamstring insertions, suprapatellar quadriceps, medial/lateral gutters, and infrapatellar fat pad region 2-3 weeks after surgery.
♦Whirlpool therapy recommended at 2-3 weeks post-op to enhance motion.
- COMMENTS** ♦Potential SLR/active knee extension restriction if osteotomy involves altering of quadricep attachment.
♦Contact MD if ROM not achieved to within 20 degrees of goal.
♦No progression of this protocol until cleared by M.D at 6 weeks post-op.
♦No leg presses/squats.