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Weightbearing Femoral Condyle

Autologous Chondrocyte Transplantation 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 during ambulation until good quad control/independent SLR achieved. May be out of brace for chair and CPM
- •Hinged knee brace discontinued once independent SLR achieved

PRECAUTIONS

•Heel-toe TDWB with crutches

ROM

- •Gentle PROM/AAROM and full AROM as tolerated. Open chain short arc and long arc quadricep exercises permitted
- •CPM minimum 3 hours per day beginning at 40 degrees of flexion and progressing as tolerated
- Leg dangle every hour, each day to regain flexion ROM. Begin at 90 degree leg dangle, and use nonoperative leg to assist with increased flexion
- •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, leg curls/heel slides, hip abduction/extension. No ankle weights or band resistance permitted in stage 1
- •Stationary bicycle no resistance once 90 degrees knee flexion obtained (~3 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
- Massage/deep friction to hamstring insertions, suprapatellar quadriceps, medial/lateral gutters, and infrapatellar fat pad region 2-3 weeks after surgery
- •Pool therapy recommended at 2-3 weeks post-op to enhance motion

COMMENTS

- •Contact MD if ROM not achieved to within 20 degrees of goal
- •No resistance permitted with stationary biking until cleared by MD
- *Activity level should be modified if increased pain, catching, or swelling occurs

For Outpatient Physical Therapist:

2-3x week / 6 weeks