



Cartilage Repair Center

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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	♦Knee immobilizer with ambulation until good quad control/independent SLR
PRECAUTIONS	♦Heel-toe TDWB with crutches
ROM	♦Full AROM and gentle AAROM. ♦CPM >= 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 weeks post-op.
THEREX	♦Quad sets, SLR in knee immobilizer as needed, leg curl/heel slides, hip abduction ♦Stationary bicycle no resistance once 90 degrees knee flexion obtained (4 weeks) ♦90 degree leg dangle Q1H QD to get ROM
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 gutte and infrapatellar fat pad region 2-3 weeks after surgery. ♦Whirlpool therapy recommended at 2-3 weeks post-op to enhance motion.
COMMENTS	♦When tibial tubercle osteotomy performed, SLR/active knee extension NOT PERMITTED ♦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.

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



ORTHOPEDIC & SPINE INSTITUTE

at St. Mary's Medical Center