



Cartilage Repair Center

Tom Minas, MD, MS

901 45th Street, Kimmel Building
West Palm Beach, FL 33407
P: 561-844-5255
F: 561-844-5945

Gwen Watkins, Admin
Ext 246

www.cartilagerepaircenter.org
www.paleyinstitute.org

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 quads control/SLR (~3-6 weeks)
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 (4 weeks). ◆90 Degree Leg dangle Q1H QD to get ROM
THERAPY	◆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. ◆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	◆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