



Cartilage Repair Center

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Weight Bearing Femoral Condyle/PF

Autologous Chondrocyte Transplantation PT Protocol (#5)
Stage 3- Remodeling Phase (13+ weeks)

PRIMARY GOALS

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

- BRACE** ♦ Hinged-knee brace discontinued once independent SLR achieved
- GAIT** ♦ Weight-bearing as tolerated with crutch or cane as needed/pain allows
- ROM** ♦ Progress towards full ROM equal to contralateral side
- THEREX**
- ♦ Stationary bicycling with low resistance as tolerated
 - ♦ Treadmill forward/retro-walking encouraged
 - ♦ Nordic track and elliptical machine permitted after 6 months
 - ♦ Inline skating permitted after 9 months
 - ♦ Pool exercise- flutter/straight leg scissor kick and running in water permitted
 - ♦ Continue gentle closed-chain LE strengthening through functional range - terminal knee extension 0-40 degrees and 120-70 degrees extension from flexed position
 - ♦ Full active flexion with resistance permitted
 - ♦ Open-chain terminal extension with resistance not permitted
- THERAPY**
- ♦ Multi-directional patella mobilization as needed
 - ♦ Continue cryotherapy and compression stockings for edema control
 - ♦ E-stim for VMO/quadriceps muscle re-education/biofeedback as needed
 - ♦ STM to scar, hamstring insertions, suprapatellar quadriceps, medial/lateral gutters, and infrapatellar regions
- COMMENTS**
- ♦ Physical assessment by MD required before full activities resume at approximately 1 year after surgery.
 - ♦ Activity level should be modified if increased pain, catching, or swelling occurs

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



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at St. Mary's Medical Center