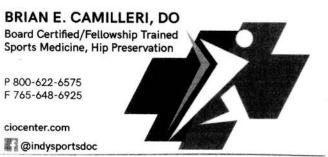


## Rehabilitation Protocol: Autologous Chondrocyte Implantation (ACI) (Femoral Condyle)

Name:		Date:
Diagnosis	is:	Date of Surgery:
Phase I	I (Weeks 0-12)	
· We	eightbearing:	
	Weeks 0-2: Non-weightbearing	* * *
	Weeks 2-4: Partial visitable assistances	
	Weeks 2-4: Partial weightbearing (30-40 lbs)     Weeks 4-6: Continuo with partial and the second secon	
76	Weeks 4-6: Continue with partial weightbearing ()     8)	progress to use of one crutch at weeks 6-
· · Bra	<ul> <li>Weeks 6-12: Progress to full weightbearing with dracing:</li> </ul>	iscontinuation of crutch use
		Service Control of the control of th
	<ul> <li>Weeks 0-2: Hinged knee brace locked in extension</li> <li>Weeks 2-4: Gradually open brace at 20° intervals</li> </ul>	- remove for CPM and rehab with PT
. 9	o D/C brace when patient can perform straight leg r	as quad control is obtained
O D/C brace when patient can perform straight leg raise without an extens Range of Motion - Continuous Passive Motion (CPM) Machine for 6-8 hours pe		chine for 6.2 have a lang
10	o Set CPM to 1 cycle per minute - set at 0-30°	clime for 6-8 hours per day for 1 month
	o PROM/AAROM and stretching under guidance of F	OT.
• The	erapeutic Exercises	4
	o Weeks 0-2: Straight leg raise/Quad sets, Hamstrin	7 Isomotrica
	Perform exercises in the brace if quad cont	rol is inadequate
	Weeks 2-6: Begin progressive isometric closed cha	in evercices** (con comments)
	At week o can start weight shifting activitie	s with operative leg in extension
(	Weeks 6-10: Progress bilateral closed chain streng strengthening	thening begin open chair lease
	strengthening	
	Weeks 10-12: Begin closed chain exercises using re- weight) progress to write the description of the control of the contr	esistance (less than nationt's hody
141	weight, progress to unliateral closed chain exercise	29
. (	<ul> <li>At week 10 can begin balance exercises and station</li> </ul>	nary bike with light resistance
Phase I	II (Weeks 12-24)	
• Wei	Weightbearing: Full weightbearing with a normal gait pattern	
Range of Motion - Advance to full/painless ROM		our side of the Printer
• The	erapeutic Exercises	9
c	<ul> <li>Advance bilateral and unilateral closed chain exerc</li> </ul>	ises
	Emphasis on concentric/eccentric control	77.75

Stationary bike/Treadmill/Stairmaster/Elliptical
 Progress balance/proprioception exercises

Start sport cord lateral drills



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Г	Phase III (Months 6-9)
L	Weightbearing: Full weightbearing with a normal gait pattern
	Range of Motion - Advance to full/painless ROM
	• Therapeutic Exercises
	Advance strength training
	Start light plyometric exercises
	<ul> <li>Start jogging and sport-specific training at 6 months</li> </ul>
Γ	Phase IV (Months 9-18)
_	Weightbearing: Full weightbearing with a normal gait pattern
	Range of Motion – Full/Painless ROM
	Therapeutic Exercises
	<ul> <li>Continue closed chain strengthening exercises and propriocention activities</li> </ul>
	Emphasize single leg loading
	Sport-specific rehabilitation - running/agility training at 9 months     Return to impact athletics 16 months (if a in factor).
	<ul> <li>Return to impact athletics – 16 months (if pain free)</li> <li>Maintenance program for strength and endurance</li> </ul>
	Maintenance program for strength and endurance
	**Weeks 2-6 – need to respect the repair site: if anterior lesion avoid loading in full extension, if posterior lesion avoid loading in flexion > 45°**
	Protocol Modifications:
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	5.
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