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Rehabilitation Protocol: Autologous Chondrocyte Implantation (ACI)/DeNovo NT Implantation (Femoral Condyle)

Name:	Date:
Diagnosis:	Date of Surgery:

Phase I (Weeks 0-12)

• Weightbearing:

- Weeks 0-2: Non-weightbearing
- Weeks 2-4: Partial weightbearing (30-40 lbs)
- Weeks 4-6: Continue with partial weightbearing (progress to use of one crutch at weeks 6-8)
- Weeks 6-12: Progress to full weightbearing with discontinuation of crutch use
- Bracing:
 - Weeks 0-2: Hinged knee brace locked in extension– remove for CPM and rehab with PT
 - \circ Weeks 2-4: Gradually open brace at 20° intervals as quad control is obtained
 - o D/C brace when patient can perform straight leg raise without an extension lag
- Range of Motion Continuous Passive Motion (CPM) Machine for 6-8 hours per day for 6 weeks
 - Set CPM to 1 cycle per minute set initially at 0-30°
 - Increase flexion 5-10° per day until full flexion is achieved
 - Should be at 90° by week 4 and 120° by week 6
 - \circ PROM/AAROM and stretching under guidance of PT

• Therapeutic Exercises

- Weeks 0-2: Straight leg raise/Quad sets, Hamstring isometrics
 - Perform exercises in the brace if quad control is inadequate
- Weeks 2-6: Begin progressive isometric closed chain exercises** (see comments)
 At week 6 can start weight shifting activities with operative leg in extension
- Weeks 6-10: Progress bilateral closed chain strengthening, begin open chain knee strengthening
- Weeks 10-12: Begin closed chain exercises using resistance (less than patient's body weight), progress to unilateral closed chain exercises
- At week 10 can begin balance exercises and stationary bike with light resistance

Phase II (Weeks 12-24)

- Weightbearing: Full weightbearing with a normal gait pattern
- Range of Motion Advance to full/painless ROM
- Therapeutic Exercises
 - Advance bilateral and unilateral closed chain exercises
 - Emphasis on concentric/eccentric control
 - o Stationary bike/Treadmill/Stairmaster/Elliptical
 - Progress balance/proprioception exercises
 - Start sport cord lateral drills



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Phase III (Months 6-9)

- Weightbearing: Full weightbearing with a normal gait pattern
- **Range of Motion** Advance to full/painless ROM ٠
- **Therapeutic Exercises** •
 - Advance strength training
 - Start light plyometric exercises
 - Start jogging and sport-specific training at 6 months

Phase IV (Months 9-18)

- **Weightbearing:** Full weightbearing with a normal gait pattern
- Range of Motion Full/Painless ROM
- **Therapeutic Exercises** •
 - Continue closed chain strengthening exercises and proprioception activities
 - Emphasize single leg loading
 - Sport-specific rehabilitation running/agility training at 9 months
 - Return to impact athletics 16 months (if pain free)
- Maintenance program for strength and endurance •

Comments:

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°

Frequency: _____ times per week Duration: _____ weeks

Signature: _____

Date: