## AUTOLOGOUS CHONDROCYTE IMPLANTATION (TROCHLEA/PATELLA)\* REHABILITATION PROTOCOL

	WEIGHT BEARING	BRACE	ROM	THERAPEUTIC EXERCISE
PHASE I	0-2 weeks: non-	0-2 weeks: locked in	0-4 weeks:	1-4 weeks: Quad sets, SLR,
0 - 12 weeks	weight bearing	full extension (removed	CPM: use in	hamstring isometrics - complete
		for CPM and exercise)	2 hour in-	exercises in brace if quad control
	2-4 weeks: partial	2-4 weeks: Locked	crements for	is inadequate
	weight bearing -	at 0° with	6 - 8 hours	4-10 weeks: begin isometric
	(30 - 40 lbs)	weight bearing	per day - begin	closed chain exercises - at 6-10
	4-8 weeks:	4-6 weeks: Begin to	at 0-30 °- 1	weeks, may begin weight shifting
	continue with	open 20 to 30 owith	cycle/minute -	activities with involved leg extended
	partial weight bear	ambulation - discontinue	after week 3,	if full weight bearing - at 8 weeks begin
	status - progress	use after 6 weeks	increase	balance activities and stationary bike
	to use of one		flexion by 5 -	with light resistance
	crutch		10 <sup>o</sup> daily	10-12 weeks: hamstring
	8-12 weeks:		6-8 weeks:	strengthening, theraband 0-30 °
	progress to full		gain 0-90 °	resistance, light open chain
	weight bearing and		8 weeks:	knee isometrics
	discard crutches		gain 0-120 °	
PHASE II	Full with a	None	Full range	Begin treadmill walking at a slow
12 weeks -	normalized		of motion	to moderate pace, progress
6 months	gait pattern			balance/proprioceptive activities,
				initiate sport cord lateral drills
PHASE III	Full with a	None	Full and	Advance closed chain strengthening,
6 - 9 months	normalized		pain-free	initiate unilateral closed chain exercises,
	gait pattern			progress to fast walking and backward
				walking on treadmill (initiate incline at
				8-10 months), initiate light plyometric
				activity
PHASE IV	Full with a	None	Full and	Continue strength training - emphasize
9 - 18 months	normalized		pain-free	single leg loading, begin a progressive
	gait pattern			running and agility program - high impact activities may begin at 16 months if pain-free
*Most tracklear/natellar defect renaire are performed in combination with a dietal realignment procedure, and thus weight bearing				

<sup>\*</sup>Most trochlear/patellar defect repairs are performed in combination with a distal realignment procedure, and thus weight bearing is restricted for the first 4-6 weeks to protect the bony portion of the distal realignment during healing

NOTE: Post-operative stiffness in flexion following trochlear/patellar implantation is not uncommon and patients are encouraged to achieve 90 of flexion at least 3x/day out of the brace after their first post-op visit (day 7-10)

<sup>\*\*</sup>May consider patellofemoral taping or stabilizing brace if improper patella tracking stresses implantation

<sup>\*\*\*</sup>If pain or swelling occurs with any activities, they must be modified to decrease symptoms