Rehabilitation Protocol: Autologous Chondrocyte Implantation (ACI (Trochlea/Patella))

Name:	Date:
Diagnosis:	Date of Surgery:
Phase I (\	Weeks 0-12)
	htbearing:
0	Weeks 0-2: Non-weightbearing
0	Weeks 2-4: Partial weightbearing (30-40 lbs)
0	Weeks 4-8: Continue with partial weightbearing (progress to use of one crutch at weeks 6
	8)
0	Weeks 8-12: Progress to full weightbearing with discontinuation of crutch use
 Braci 	ing:
0	Weeks 0-2: Hinged knee brace locked in extension-remove for CPM and rehab with PT
0	Weeks 2-4: Locked in extension for weight bearing – Can open brace for NWB ROM 0-30°
0	Weeks 4-6: Open brace to 30° for ambulation
0	, 1
	ge of Motion – Continuous Passive Motion (CPM) Machine for 6-8 hours per day for 1 month
0	Set CPM to 1 cycle per minute – set at 0-30°
0	, 8
• Ther	apeutic Exercises
0	Weeks 0-4: Straight leg raise/Quad sets, Hamstring isometrics
	Perform exercises in the brace if quad control is inadequate
0	Weeks 4-10: Begin isometric closed chain exercises
	•• At week 6 can start weight shifting activities with operative leg in extension
0	At week 8 can begin balance exercises and stationary bike with lightresistance
0	Weeks 10-12: hamstring strengthening, theraband resistance exercises 0-30°, light open-
	chain knee isometrics
☐ Phase II	(Weeks 12-24)
	htbearing: Full weightbearing with a normal gait pattern
_	ge of Motion – Advance to full/painless ROM
_	apeutic Exercises
	Gait training/treadmill use at slow-moderate pace
0	Progress balance/proprioception exercises
0	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
- Therapeutic Exercises
 - o Advance closed chain strengthening/Start unilateral closed chain exercises
 - o Progress to fast walking and backward walking on treadmill (add incline at 8 months)

 Start light plyometric training 	ng
Emphasize single leg	om gthening exercises and proprioception activities loading - jogging/agility training at 9 months 16 months (if pain free)
Protocol Modifications:	
Comments:	
Frequency: times per week	Duration:weeks
Signature	Date