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



Name:	Date:
Diagnosis:	Date of Surgery:
Phase I (	Weeks 0-12)
	ghtbearing:
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
<ul><li>Brac</li></ul>	
0	Weeks 0-2: Hinged knee brace locked in extension- remove for CPM and rehab with PT
0	8
0	ı
_ 0	/
_	ge of Motion – Continuous Passive Motion (CPM) Machine for 6-8 hours per day for 8 weeks
0	
0	
_	Should be at 90° by week 6 and 120° by week 8
O Theorem	, 8 8
• Ther	rapeutic Exercises Weeks 0. 4. Straight log raise (Quad sets, Hamstring isometries)
O	Weeks 0-4: Straight leg raise/Quad sets, Hamstring isometrics <ul><li>Perform exercises in the brace if quad control is inadequate</li></ul>
0	
O	At week 6 can start weight shifting activities with operative leg in extension
0	
0	*** 1 40 40 1
	chain knee isometrics
Phase II	(Weeks 12-24)
• Weig	ghtbearing: Full weightbearing with a normal gait pattern
<ul><li>Rang</li></ul>	ge of Motion – Advance to full/painless ROM
<ul><li>Ther</li></ul>	capeutic Exercises
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0	0 /1 1 1
0	Start sport cord lateral drills
	II (Months 6-9)
	ghtbearing: Full weightbearing with a normal gait pattern
<ul> <li>Range</li> </ul>	ge 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)
  - o Start light plyometric training

DI	hasa IV	(Months 9-18)
F.I		
•	Weigl	htbearing: Full weightbearing with a normal gait pattern
•	Rango	e of Motion – Full/Painless ROM
•	Thera	apeutic Exercises
	0	Continue closed chain strengthening exercises and proprioception activities
		<ul> <li>Emphasize single leg loading</li> </ul>
	0	
	0	Return to impact athletics – 16 months (if pain free)
•		enance program for strength and endurance
•	Maine	enance program for strength and endurance
Comn	nents:	
Frequ	ıency: _	times per week Duration: weeks

Date: \_\_\_\_\_

Signature: