



## Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

## **DENOVO (PARTICULATE CARTILAGE IMPLANTATION) OF** PATELLOFEMORAL JOINT (PATELLA / TROCHLEA) WITH **TIBIAL TUBERCLE OSTEOTOMY**

## PHYSICAL THERAPY PROTOCOL

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Patient Name: \_\_\_\_\_ Date of Surgery: \_\_\_\_

**Evaluate and Treat** 

Provide patient with home program

Frequency: \_\_\_\_\_x/week x \_\_\_\_\_weeks

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE I	Non-weight bearing	Locked in full extension at all times*		Quad sets, patellar mobs, SLR, calf pumps at home
0-2				CPM at home



weeks		Off for hygiene and home exercise only	CPM 0-30 <sup>°</sup>	
		<b>2-4 weeks</b> : Unlocked 0-45°	<b>2-4 weeks:</b> CPM 0-60°	<b>2-6 weeks</b> : Add side-lying hip and core, advance quad set and stretching
PHASE II	<b>2-6 weeks:</b> Non-WB	4-6 weeks:	<b>4-6 weeks:</b> CPM 0-90°	<b>6-8 weeks</b> : Addition of heel raises, total gym (closed chain), gait
2-8 weeks	<b>6-8 weeks:</b> Advance 25% weekly until full	Unlocked 0-90° Discontinue	Advance ROM as	normalization, eccentric quads, eccentric hamstrings
		brace at 6 weeks	tolerated when non-WB	Advance core, glutes and pelvic stability
PHASE III 8-12 weeks	Full	None	Full	Progress closed chain activities Advance hamstring work, proprioception/balance exercises; hip/core/glutes Begin stationary bike at 10 wk
PHASE IV 12-24 weeks	Full	None	Full	Progress Phase III exercises and functional activities: walking lunges, planks, bridges, swiss ball, half-bosu exercises Advance core/glutes and balance
PHASE V 6-12 months	Full	None		Advance all activity w/o impact such as running, jumping, pivoting, sports until cleared by MD

\*Brace may be removed for sleeping after first post-operative visit (day 7-14)

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient \_\_\_\_\_ would \_\_\_\_would not benefit from social services.

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

Bryan M. Saltzman, MD