



**AUTOLOGOUS CHONDROCYTE IMPLANTATION (ACI) 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 0-2 weeks	Heel-touch only	Locked in full extension at all times* Off for hygiene and home exercise only	Gentle passive 0-45° CPM 0-30°	Quad sets, patellar mobs, SLR, calf pumps at home CPM at home
PHASE II 2-8	2-6 weeks: Heel- touch only	2-4 weeks: Unlocked 0-45°	2-4 weeks: CPM 0-60° 4-6 weeks:	2-6 weeks: Add side-lying hip and core, advance quad set and stretching 6-8 weeks: Addition of heel raises,



weeks	6-8 weeks: Advance 25% weekly until full	4-6 weeks: Unlocked 0-90° Discontinue brace at 6 weeks	CPM 0-90° Advance ROM as tolerated when non-WB	total gym (closed chain), gait normalization, eccentric quads, eccentric hamstrings 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	Full	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