



**AUTOLOGOUS CHONDROCYTE IMPLANTATION (ACI) OF
PATELLOFEMORAL JOINT (PATELLA / TROCHLEA)
WITHOUT 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 0-6 weeks	Full w/ brace	<p>0-1 week: Locked in full extension at all times</p> <p>Off for CPM and exercise only</p> <p>1-4 weeks: Unlocked and worn daytime only</p> <p>Discontinue when</p>	<p>0-6 weeks: Use CPM for 6 hours/day, beginning 0-30° for 0-2 weeks</p> <p>2-4 weeks: 0-60°</p> <p>4-6 weeks:</p>	<p>0-2 weeks: Quad sets, SLR, calf pumps, passive leg hangs to 45° at home</p> <p>2-6 weeks: PROM/AAROM to tolerance, patella and tibiofibular joint mobs, quad, hamstring, and glute sets, SLR, side-lying hip and core</p>



		quads can control SLR w/o extension lag	0-90°	
PHASE II 6-8 weeks	Full	None	Full	Advance Phase I exercises
PHASE III 8-12 weeks	Full	None	Full	Gait training, begin closed chain activities: wall sits, mini- squats, toe raises, stationary bike Begin unilateral stance activities, balance training
PHASE IV 12 weeks - 6 months	Full	None	Full	Advance Phase III exercises; maximize core/glutes, pelvic stability work, eccentric hamstrings May advance to elliptical, bike, pool as tolerated
PHASE V 6-12 months	Full	None	Full	Advance functional activity Return to sport-specific activity and impact when cleared by MD after 8 mos

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