

MACI Cartilage Replacement Physical Therapy Protocol/Prescription

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery : _____

**Weeks 0-6:**

- Toe-Touch (TTWB) x 6 weeks
- Use CPM for 6 hours/day, beginning at 0- 40°; advance 5- 10° daily as tolerated
- **Weeks 0-2:** Brace locked in extension at all times à Open hinges on brace at 2 weeks while walking
- **Weeks 0-2:** Quad sets, SLR, calf pumps, passive leg hangs to 90° at home
- **Weeks 2-6:** PROM/AAROM to tolerance, patella and tibiofibular joint mobs, quad, hamstring, and glut sets, SLR, side-lying hip and core
- Achilles Tendon Stretching
- Electrical Stimulation for Quadriceps
- Iliotibial Band/Hamstring/Adductor Stretching / Strengthening

**Weeks 6-8:**

- Begin to progress to WBAT, 25% per week, until full by 8-10 weeks

**Weeks 8-12:**

- Gait training, begin closed chain activities: wall sits, shuttle, mini-squats, toe raises
- Begin unilateral stance activities, balance training

**Months 3-6:**

- Advance prior exercises; maximize core/glutes, pelvic stability work, eccentric hamstrings
- May advance to elliptical, bike, pool as tolerated

**Months 6-12:**

- Advance functional activity à Return to sport-specific activity and impact when cleared by MD after 8 months

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____