



Physical Therapy Prescription – Femoral Condyle Cartilage Restoration



PHASE 0: Pre- operative goals (i.e. Pre-hab)

- **Normal Gait**
- **AROM** 0-120 degrees
- **Strength:** 20 SLR with no lag.
- **Minimal Effusion**
- **Patient Education on Post op exercises with a stress on compliance and importance**
- **Education on ambulation with crutches and safe stair use**
- **Wound care instructions**
 - Keep tegederm clean and dry, no showering until 48hrs post-op then remove ACE, No submerging (bath, hot-tub, lake, river, ocean) for 6 weeks post op. Formal instructions will be listed in operative note and packet.

Educated in follow-up (also provided in packet) : 10-14 days post op, 6 weeks, 3 months, 6 months, 9 months, 1 year, 2 years, 5 years.

PHASE I (Weeks 0 – 6): Period of protection, decrease edema, activate quadriceps

- **Weightbearing:** Heel-touch weight-bearing with crutches
 - **Hinged Knee Brace:**
 - **Week 0-2:** Locked in full extension for ambulation and sleeping (remove for CPM and PT)
 - **Week 2-6:** Discontinue brace if able to reach terminal extension. Remain heel-touch weight bearing
- **Range of Motion:** Continuous Passive Motion (CPM) machine for 4-6 hours/day
 - **CPM Protocol:** 1 cycle per minute starting 0-30°, advance 5-10°/day
 - PROM/AAROM with PT assistance
- **Therapeutic Exercises:** patellar mobs, quad/hamstring sets, calf pumps, passive leg hangs to 90°, heel slides, straight-leg raises with brace in full extension until quad strength prevents extension lag
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 6 – 8)

- **Weightbearing:** Advance weight bearing 25% every 3-5 days until FWB at 8 weeks
 - **Hinged Knee Brace:** None
- **Range of Motion:** Progress to full, painless AROM
- **Therapeutic Exercises:** Continue Phase I, add stationary bike
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 8 – 12)

- **Weightbearing:** Progress to full
- **Range of Motion:** Full, painless
- **Therapeutic Exercises:** Advance Phase II, begin closed chain exercises (wall sits, shuttle, mini-squats, toe-raises), begin unilateral stance activities and balance training
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)
- **PRECAUTION:** NO Impact activities (running/jumping) until 8 months post op

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Phase IV (Weeks 12 – 24)

- Advance Phase III exercises; focus on core/glutes; advance to elliptical, bike, and pool as tolerated

Phase V (>6 months): Gradual return to athletic activity

- Encourage maintenance program
- Return to sport-specific activity and impact when cleared by MD at 8-9 months postop