ERIC C. MAKHNI, MD

SPORTS MEDICINE & JOINT PRESERVATION

PHYSICAL THERAPY PROTOCOL: ACI of Femoral Condyle

Name:	Date of Surgery:
Diagnosis:	Signed:

Frequency: 2-3 times per week x 12 weeks

Phase $1 \rightarrow 0.6$ Weeks Post-Op

- Non weight bearing for 6 weeks

Brace:

- 0-2 weeks brace is locked in full extension at all times
 - Take off for CPM and exercise only
- d/c after 2 weeks when able to do SLR without extension lag

Range of motion:

- 0-6 weeks use CPM for 6 hours per day

• Start at 0 to 40 degrees and advance 5 to 10 degrees each day as tolerated until full ROM Exercises:

- First 2 weeks do quad sets, SLR, calf pumps, and passive leg hang to 90 degrees at home
- 2 to 6 weeks PROM → AAROM as tolerated for patella and tibiofibular joint mobs, quad, hamstring, and glute sets, SLR, side-lying hip and core

Phase 2 → 6-8 Weeks Post-Op

- Weight bearing to advance 25% each week until full weight bearing
- Full ROM
- d/c brace
- Advance Phase 1 exercises

Phase 3 → 8-12 Weeks Post-Op

- Full weight bearing

Exercises:

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

Phase 4 → 12 Weeks-6 Months Post-Op

Exercises:

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

Phase 5 → 6-12 Months Post-Op

Exercises:

- Advance functional activity
- Return to sport and impact activity when cleared by Dr Makhni around 8 months