



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

AUTOLOGOUS CHONDROCYTE IMPLANTATION (ACI) OF FEMORAL CONDYLE

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	Non-WB	0-2 weeks: Locked in full extension at all times Off for CPM and	0-6 weeks: Use CPM for 6 hours/day, beginning at 0- 40°; advance 5-10° daily as tolerated	0-2 weeks: Quad sets, SLR, calf pumps, passive leg hangs to 90° at home 2-6 weeks: PROM/AAROM to



		exercise only Discontinue at 2 wks assuming quads can control SLR w/o extension lag		tolerance, patella and tibiofibular joint mobs, quad, hamstring, and glute sets, SLR, side-lying hip and core
PHASE II 6-8 weeks	Advance 25% weekly until full	None	Full	Advance Phase I exercises
PHASE III 8-12 weeks	Full	None	Full	Gait training, begin closed chain activities: wall sits, shuttle, mini-squats, toe raises 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: _____

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