



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

CARTIHEAL (TROCHLEA / 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

**Note: Dr. Saltzman may have differences in the proprietary rehabilitation protocol, in terms of brace use (particularly in the first 6 weeks), weightbearing (at time non-weightbearing through the first 6 weeks), and CPM use (typically is optional). These will be communicated with both the patients and the PT team based upon intraoperative findings and/or concurrent procedures*



Rehab Protocol: Trochlea



Rehab Protocol	Range of Motion	Bracing	Weight Bearing	Additional Guidelines
Trochlea Stage 1: Immediate Post-operative (0-6 weeks)	No restriction; progress as tolerated to full ROM by week 6-8. CPM optional, but not required; passive ROM using stationary bike without resistance.	Locked in extension for weight bearing as tolerated.	Weight bearing as tolerated in full extension (brace locked.) progression to full weight bearing (if not locked in extension) in 6 weeks	Regain full knee extension Regular exercise bike as early as possible and increase resistance at ~6 weeks. Edema control: Cryotherapy Quadriceps and hip/gluteal strengthening (non-weight bearing). Pool therapy
Trochlea Stage 2: Endurance Strength Building (6-12 weeks)	No restriction; progress as tolerated to full ROM by week 6-8 CPM optional, but not required; passive ROM using stationary bike without resistance.	No bracing	Full weight bearing	Edema control: Cryotherapy as needed. Quadriceps and hip/gluteal strengthening progression. Pool therapy. Ride against resistance (road bike) at 3 months.
Trochlea Stage 3: Maximum Strength and Explosive Power Building (12 weeks - 6 months)	No restrictions	No bracing	Full weight bearing	Emphasis on Normal Gait Pattern Progression of strengthening exercises without pain or swelling. Return to low-impact recreational activities. Light jog at 6 months.
Trochlea Stage 4: Running and Cutting/Return to Sports	No restrictions	No bracing	Full weight bearing	Progressive straight-line running, lateral drills, multidirectional agility drills. Return to running (high impact), pivoting and rotational sport at 9 months pending patient key parameters like weight, quad strength, etc.

Commercial training. Internal use only.

Rehab Protocol: Condyle



Rehab Protocol	Range of Motion	Bracing	Weight Bearing	Additional Guidelines
Condyle Stage 1: Immediate Post-operative (0-6 weeks)	No restriction; progress as tolerated to full ROM by week 6. CPM optional, but not required; passive ROM using stationary bike without resistance.	No bracing	2-3 weeks non-weight bearing progress to full weight bearing by 4-6 weeks	Regular exercise bike as early as possible and increase resistance at ~6 weeks Edema control: Cryotherapy Quadriceps and hip/gluteal strengthening (non-weight bearing) Pool therapy
Condyle Stage 2: Endurance Strength Building (6-12 weeks)	No restrictions	No bracing	Full weight bearing	Edema control: Cryotherapy Quadriceps and hip/gluteal strengthening progression Pool therapy Ride against resistance (road bike) at 3 months
Condyle Stage 3: Maximum Strength and Explosive Power Building (12 weeks-6 months)	No restrictions	No bracing	Full weight bearing	Emphasis on Normal Gait Pattern Progression of strengthening exercises without pain or swelling Return to low-impact recreational activities Light jog at 6 months
Condyle Stage 4: Running and Cutting/Return to Sports	No restrictions	No bracing	Full weight bearing	Progressive straight-line running, lateral drills, multidirectional agility drills Return to running (high impact), pivoting and rotational sport at 9 months pending patient key parameters like weight, quad strength, etc

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Other:

- ☐ Modalities
- ☐ Heat before/after
- ☐ May participate in aquatherapy after week three, begin aqua-running week 6
- ☐ Electrical Stimulation
- ☐ Ice before/after exercise
- ☐ Ultrasound



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