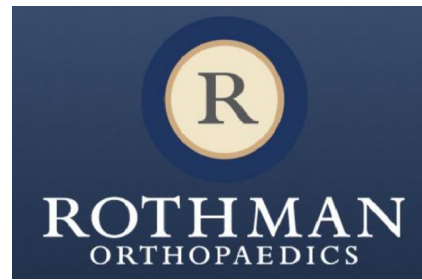


Brandon J. Erickson, MD
Mackenzie Lindeman, ATC
176 3rd Ave New York, NY
658 White Plains Rd Tarrytown, NY
450 Mamaroneck Rd Harrison, NY
Phone: 914-580-9624
Brandon.erickson@rothmanortho.com
Mackenzie.lindeman@rothmanortho.com
<https://rothmanortho.com/physicians/brandon-j-erickson-md>



MACI Cartilage Replacement Physical Therapy Protocol

Patient Name: _____ Date: _____

Surgery: Right/Left Knee Matrix Associated Autologous Chondrocyte Implantation

Date of Surgery: _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

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 → 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 → Return to sport-specific activity and impact when cleared by MD after 8 months

Modalities

- ___ Electric Stimulation ___ Ultrasound ___ Iontophoresis ___ Phonophoresis ___ TENS ___ Heat before
- ___ Ice after ___ Trigger points massage ___ Therapist's discretion

Signature _____ Date _____