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 Quadriiceps
___ 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 __________________

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