

ORTHOPEDIC AND SPORTS MEDICINE CENTER

SPORTS MEDICINE DIVISION
COMBINED REHAB PROTOCOLS



**Anne Arundel
Medical Group**

Orthopedic and Sports
Medicine Specialists

Office: (410) 280-4717
Fax: (410) 268-0380

**AAHS OUTPATIENT
PHYSICAL THERAPY**

Office: (410) 280-4717
Fax: (410) 268-0380

Cartilage Repair/Reconstruction

Rehab Protocol

Edited: May, 2015

TIMELINE

Early Post-op
Day 1- week 6

GOALS

- Protect site of repair
- Restore normal Quadriceps function
- Restore normal Patellar mobility
- Decrease swelling

EXERCISES/METHODS

- Extension
- Superior patellar mobs
 - Quad sets
 - SLRs-4 ways
 - Hamstring stretch
 - Gastroc/Soleus stretch
 - Condylar lesions only**: Initiate open chain knee extension: 90-45

- Flexion
- Inferior patellar mobs
 - CPM
 - Heel slides
 - Prone quad stretch
 - Seated knee flexion
 - Wall slides
 - Bike (no resistance at 1-2 wks)
 - Hamstring sets
 - Clams
 - Core stability

Milestones to reach by end of week 6

- Full knee extension
- Knee flexion >120
- Discontinue AD (FWB)
- **Microfracture: WBAT progress to FWB

Weeks 6-12

- Gait training
- Progressive strengthening

- Bike (with resistance)
- Calf raises
- Bridges
- 4 Way Hip PREs
- TKEs
- Wall sits
- Front/lateral step ups
- Initiate Mini squats:
 - condylar Lesion 0-60
 - trochlear Lesion 0-45
- Initiate Leg press:
 - condylar Lesion 0-60
 - trochlear Lesion 0-45
- Light Hamstring curls
- Sidestepping
- Backward walking
- Balance progression
- Core stability

BRACING

- Immobilizer until SLR with-out sag 10x10
- Then IROM 0-90 for 6 weeks.
- *** Brace flexion may be limited if lesion requires it.

ROM RESTRICTIONS

- 0-90 for 6 weeks

WEIGHT BEARING

- NWB for 4 weeks
- 25-50% Week 5
- 50-75% week 6
- 100% after 6 weeks

OTHER RESTRICTIONS AND KEY CONSIDERATIONS

CPM

- 6-8 hours every day
- May use while sleeping
- Start 0-40 week 1
- Add 10 degrees / week
- Max Condylar lesion: 0-90
- Max PF Lesion 0-45

TIMELINE

GOALS

EXERCISES/METHODS

Weeks 12-16

-Progressive strengthening
-Progress cardiovascular endurance

-**Trochlear Lesion** initiate Open chain knee extension: 45-0
-Unilateral step ups
-Leg press single leg
-Squats to 90
-Initiate lunge progression
-Initiate Alter G running progression
-Initiate light plyometrics

-Balance progression

-Core stability

Weeks 16+

-Progressive strengthening
-Progressive plyometric training

--Hamstring curls
-Squats
-Lunges
-Running:
 -Begin Progression at 4-6 months
-Light agility
 -cutting/pivoting restricted until 4-6 months

--Progress running
- Progress plyometrics

-Core stability

SHOWERING

1. May Shower day 1 after surgery
2. Must "waterproof" surgical site for 5 days after surgery
3. No submerging wounds for 4 weeks

WOUND CARE

1. Remove everything except steri strips the day after surgery
2. Place clean gauze or op-site on wounds daily for 5 days

MEDICATIONS

1. Pain medicine only as needed. Wean off as soon as possible
2. Don't over-use NSAIDS
3. Aspirin 325mg daily for 1 month for DVT prophylaxis

RETURN TO PLAY CRITERIA

Pre-RTP Criteria before testing can commence	Full AROM Resolution of pain No/Trace joint effusion present MMT grossly 5/5 strength in LE LEFS: $\geq 75/80$ (95%) Lysholm Knee Rating: $\geq 95\%$ 1RM SL Leg Press $\geq 90\%$ contralateral side 1RM SL Hamstring Curl $\geq 90\%$ contralateral side
Lower Limb Symmetry Index (LSI): LSI % (mean score of 3 trials on injured limb/ mean score of 3 trials on uninjured limb) x 100	SL Hop: $\geq 90\%$ SL Triple Hop: $\geq 90\%$ SL 6 meter Timed Hop: $\geq 90\%$ SL Cross-over Hop: $\geq 90\%$ Overall Score: $\geq 90\%$
Vail Sports Tests:	Passing Score $\geq 46/54$ (85%)
Tuck Jump Assessment (TJA):	perfect score on the TJA or improvement of 20 percentage points from the initial score
Single Leg Squat: No Errors in Form (Errors listed right)	Arm strategy: removal of hand off the waist Trunk alignment: leaning in any direction Pelvis plane: loss of horizontal plane Knee position: tibial tuberosity medial to second toe or tibial tuberosity medial to medial border of foot Steady stance: subject stepped down on non-tested limb, or foot wavered from side-to-side
Modified Star Balance Excursion Test (Y Balance Test):	SEBT % = ((mean score of 3 trials in anterior distance + mean score of 3 trials in posterior lateral distance + mean score of 3 trials in posterior medial distance)/ leg length of stance limb) x 100. Passing Score $\geq 94\%$
Core Testing: (ongoing research): $\geq 90\%$ of all standard timed tests:	Right Single Leg Bridge: Men 95 seconds; Females 75 seconds Left Single Leg Bridge: Men 99 seconds; Females 78 seconds Flexor Endurance Test: Men 136 seconds; Females 134 seconds Extensor Endurance Test: Males 160 seconds; Females 185 seconds Lower Abdominal Muscle Testing: Males 5/5; Females $\geq 4/5$ $(75\Box=3/5, 60\Box=3+/5, 45\Box=4-/5, 30\Box=4/5, 15\Box=4+/5, 0\Box=5/5)$

RTP INSTRUCTIONS

RTP evaluation can progress throughout treatment as appropriate

PRE-RTP

Complete all testing in Pre-RTP section. Only Continue on when able to pass

SESSION 1

LSI, Vail Sports, TJA

SESSION 2

Single leg squat, Y Balance, Core Testing