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MACI PATELLA/TROCHLEA WITHOUT OSTEOTOMY **REHABILITATION PROTOCOL**

	WEIGHT BEARING	BRACE	ROM	THERAPEUTIC EXERCISE
PHASE I	0-2 weeks	0-2 weeks: locked in	0-2 weeks:	1-4 weeks: Quad sets, SLR,
0 - 12 weeks	Touchdown weight	full extension (removed	CPM: use in	hamstring isometrics - complete
	bearing, brace locked	for CPM and exercise)	2 hour in-	exercises in brace if quad control
	in full extension	*2-4 weeks: Locked	crements for	is inadequate
	2-4 weeks	at 0 for ambulating	6 - 8 hours	4-10 weeks: begin isometric
	partial weight bearing		per day - begin	closed chain exercises - at 6-10
	(50%) brace locked	*4-6 weeks: Begin to	at 0-30 ° - 1	weeks, may begin weight shifting
	in full extension	open 20 to 30 ^o with	cycle/minute -	activities with involved leg extended
	4-6 weeks	ambulation - discontinue	after week 3,	if full weight bearing - at 8 weeks begin
	Progress to full	use after 6 weeks	increase	balance activities and stationary bike
	weight bearing and		flexion by 5 -	with light resistance
	unlock brace		10 ^o daily _	10-12 weeks: hamstring
			2-4 weeks	strengthening, theraband 0-30 ^o
	6-8 weeks		gain 0-90 °	resistance, light open chain
	Full weight bearing		4-6 weeks	knee isometrics
			gain full ROM	
PHASE II	Full with a	None	Full range	Begin treadmill walking at a slow
12 weeks -	normalized		of motion	to moderate pace, progress
6 months	gait pattern			balance/proprioceptive activities,
				initiate sport cord lateral drills
PHASE III	Full with a	None	Full and	Advance closed chain strengthening,
6 - 9 months	normalized		pain-free	initiate unilateral closed chain exercises,
	gait pattern			progress to fast walking and backward
				walking on treadmill (initiate incline at
				8-10 months), initiate light plyometric
				activity. Begin Running
PHASE IV	Full with a	None	Full and	Continue strength training - emphasize
9 - 18 months	normalized		pain-free	single leg loading, begin a progressive
	gait pattern			running and agility program - high impact
				activities may begin at 16 months
*Most trachlear/pat	ellar defect renairs are n	erformed in combination with	a distal realignmen	if pain-free t procedure, and thus weight bearing

*Most trochlear/patellar defect repairs are performed in combination with a distal realignment procedure, and thus weight bearing is restricted for the first 4-6 weeks to protect the bony portion of the distal realignment during healing

**May consider patellofemoral taping or stabilizing brace if improper patella tracking stresses implantation

***If pain or swelling occurs with any activities, they must be modified to decrease symptoms

NOTE: Post-operative stiffness in flexion following trochlear/patellar implantation is not uncommon and patients are encouraged to achieve 90 of Plexion at least 3x/day out of the brace after their first post-op visit (day 7-10)