

## Cartilage Restoration Rehabilitation Protocol

### (Femoral Condyle)

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-6	<ul style="list-style-type: none"> <li>• Protect surgical site</li> <li>• Manage swelling and pain</li> <li>• Achieve and maintain good quadriceps activation</li> <li>• Achieve full ROM by 6 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• TTWB</li> <li>• No ROM restrictions</li> </ul>	<ul style="list-style-type: none"> <li>• PRICE</li> <li>• Quadriceps activation and strength should be emphasized</li> <li>• Knee flexion and terminal extension ROM</li> <li>• Gentle stretching of hamstrings, calf, quadriceps to tolerance</li> <li>• OKC hip strengthening in all planes</li> <li>• Ok to initiate stationary biking without resistance</li> <li>• Initial visit: FOTO, LEFS</li> </ul>
Weeks 6-12	<ul style="list-style-type: none"> <li>• Full WB ambulation by week 8-9</li> <li>• Ambulate community distances by 12 weeks</li> </ul>	<ul style="list-style-type: none"> <li>• WBAT progressing to full WB over 2-3 weeks</li> <li>• No impact (running, cutting, pivoting)</li> </ul>	<ul style="list-style-type: none"> <li>• Begin CKC strengthening (avoid anterior knee pain)</li> <li>• Normalize calf, hamstring, quadriceps mobility</li> <li>• Week 6: FOTO, LEFS</li> </ul>
Weeks 12-24	<ul style="list-style-type: none"> <li>• Restoring strength of quadriceps, hamstrings, hips</li> <li>• Ready to begin impact by 6 months</li> </ul>	<ul style="list-style-type: none"> <li>• No impact (running, cutting, pivoting)</li> </ul>	<ul style="list-style-type: none"> <li>• Progress CKC into greater ROM, single leg, multi-planar, and with resistance as tolerated</li> <li>• Ok to initiate elliptical</li> <li>• Week 12: FOTO, LEFS</li> </ul>
Weeks 24+	<ul style="list-style-type: none"> <li>• Begin impact training once cleared by MD (jumping, running etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid running/jumping on a painful or swollen knee</li> </ul>	<ul style="list-style-type: none"> <li>• Jumping progression (double to single leg)</li> <li>• Return to run program (walk/jog)</li> <li>• Anticipated final visit: FOTO, LEFS</li> </ul>

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process. Each patient's progress may vary based on specifics of their injury and procedure.