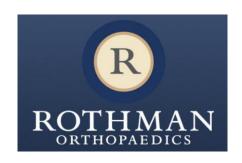
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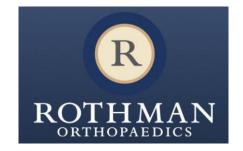
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MACI Cartilage Replacement Physical Therapy Protocol/Prescription

Patient Name:									
Surgery: Right	/Left Kn	iee Ma	atrix Associated	Autologous Chor	ndroc	cyte	Impl	anta	tion
Date of Surger	y:								
Frequency: 1	2 3	4	times/week	Duration: 1	2	3	4	5	6 Weeks
Weeks 0-6 Toe-Touch	n (TTWI	B) x 6	weeks						
Use CPM	for 6 ho	urs/da	y, beginning at 0	- 40°; advance 5-	- 10°	dail	y as	toleı	rated
Weeks 0-2	2: Brace	locked	l in extension at	all times → Oper	n hin	ges (on b	race	at 2 weeks while walking
Weeks 0-2	2: Quad s	sets, S	LR, calf pumps,	passive leg hang	s to 9	90° a	t ho	me	
Weeks 2-6	: PROM	I/AAR	OM to tolerance	, patella and tibi	ofibu	ılar j	joint	mot	s, quad, hamstring, and glut sets, SLR
side-lying hip	and core								
Achilles T	endon S	tretch	ing						
Electrical	Stimulat	ion fo	r Quadriceps						
Iliotibial E	Band/Hai	mstrin	g/Adductor Stre	tching / Strength	ening	g			
Weeks 6-8 Begin to p	rogress 1	to WB	AT, 25% per we	ek, until full by 8	8-10	wee	ks		
			ed chain activitie ctivities, balance		le, m	nini-:	squa	ts, to	e raises
	•		; maximize core/ l, bike, pool as to	•	ıbilit	y wo	ork, e	eccei	ntric hamstrings
Months 6-12 Advance f	unctiona	ıl activ	vity → Return to	sport-specific ac	tivity	y and	d imj	pact	when cleared by MD after 8 months
_XElectric S	Stimulati	on _	Ultrasound _	Iontophoresis		_Pho	onop	hore	sisTENSX Heat before
_XIce after	Trigg	ger po	ints massage _X	K Therapist's	disc	retio	n		

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Signeture

Signature______ Date_____