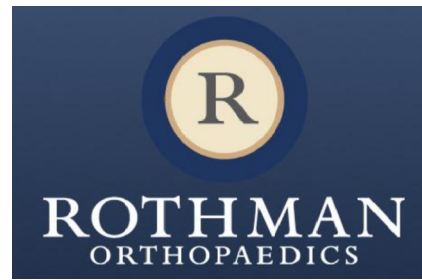


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### **DeNovo Cartilage Replacement Physical Therapy Protocol**

Name \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis RIGHT/LEFT DeNovo 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 Quadriceps
- 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

Functional Capacity Evaluation  Work Hardening/Work Conditioning  Teach HEP

#### Modalities

Electric Stimulation  Ultrasound  Iontophoresis  Phonophoresis  TENS  Heat before

Ice after  Trigger points massage  Therapist's discretion

Signature \_\_\_\_\_ Date \_\_\_\_\_