



Cartilage Restoration Rehabilitation Protocol **(Patellar Facet)**

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-6	<ul style="list-style-type: none"> • Protect surgical site • Manage swelling and pain • Achieve and maintain good quadriceps activation • Reduce muscle atrophy 	<ul style="list-style-type: none"> • WBAT in knee immobilizer • ROM as tolerated (Do not force) 	<ul style="list-style-type: none"> • PRICE • Quadriceps activation and strength should be emphasized • Knee flexion and terminal extension ROM • Gentle stretching of hamstrings, calf to tolerance • OKC hip strengthening in all planes • Ok to initiate stationary biking without resistance (within ROM limitations) • Modalities as indicated • Initial Visit: FOTO, LEFS
Weeks 6-8	<ul style="list-style-type: none"> • Achieve full ROM by 12 weeks • Ambulate community distances by 12 weeks 	<ul style="list-style-type: none"> • WBAT progressing to full without immobilizer • Progressive range of motion (Do not force) • No impact (running, cutting, pivoting) • Avoid excessive patellar loading (avoid deep knee flexion, knees over toes) 	<ul style="list-style-type: none"> • Begin CKC strengthening (avoid anterior knee pain) • Limit loaded knee flexion angle to 30 degrees or less • Normalize calf, hamstring, quadriceps mobility • Modalities as indicated • Week 6: FOTO, LEFS
Weeks 8-12	<ul style="list-style-type: none"> • Achieve full ROM by 12 weeks • Achieve full weight bearing by 12 weeks • Wean fully from crutches • No effusion to knee • Restoring strength of quadriceps, hamstrings, hips 	<ul style="list-style-type: none"> • Discontinue knee brace when quad control achieved • No impact (running, cutting, pivoting) 	<ul style="list-style-type: none"> • Progress CKC into greater ROM (<90), single leg, multi-planar, and with resistance as tolerated • Initiate proprioceptive training • Initiate bike/elliptical for cardio fitness • Week 12: FOTO, LEFS

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 to their injury and procedure.





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Weeks 12-24	<ul style="list-style-type: none">• Preparation for more advanced exercise/activity• Initiation of sport specific drills (per MD)• Ready to begin impact by 6-9 months (per MD)• Normalize asymmetries	<ul style="list-style-type: none">• Loaded range of motion <90 degrees)• Proper exercise form and control during exercise performance	<ul style="list-style-type: none">• Progress strength, endurance, and proprioception• Advance cardiovascular conditioning• Week 24: SGYM with testing<ul style="list-style-type: none">○ Y- balance○ Body weight single leg press○ Humac testing (90/180 deg/sec)○ FOTO, LEFS
Weeks 24+	<ul style="list-style-type: none">• Begin impact training once cleared by MD (jumping, running etc.)• Unrestricted return to activity (Months 9-12)	<ul style="list-style-type: none">• Avoid running/jumping on a painful or swollen knee• Proper form and control during exercise performance	<ul style="list-style-type: none">• Advance progressive exercises in all planes• Initiate plyometric activity• Jumping progression (double to single leg)• Return to run program (walk/jog)• Anticipated final visit: SGYM with testing<ul style="list-style-type: none">○ Y- balance○ Humac testing (90/180 deg/sec)○ Single leg vertical jump○ Single leg jump for distance○ Single leg triple jump• FOTO, LEFS

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