

# PHYSIOTHERAPY PROTOCOL MACI – FEMORAL CONDYLES



queensland  
combined  
orthopaedic  
specialists

## 1 – 3 WEEKS

Motion:	Progress from 20 to 60° dependant on location and size of lesion.
Bracing:	Full extension or motion limited brace with 20° range of motion.
Weight bearing:	20% weight bear depending on size/location of lesion.
Ambulation:	2 crutches toe touch.
Strengthening:	Isometric quadriceps to maintain tone and VMO function.

## 3 - 6 WEEKS

Motion:	To 90° or as tolerated.
Bracing:	Motion limited brace with up to 60° range of motion.
Weight bearing:	Partial weight bearing (progress 20% to 60%).
Ambulation:	2 crutches, toe touch to partial weight bearing.
Strengthening:	Closed chain, partial weight bearing exercises, non-resistive cycling.

## 6 - 8 WEEKS

Motion:	Full range of motion.
Bracing:	When ambulating.
Weight bearing:	Progress from partial weight bearing to full weight bearing.
Ambulation:	Without aids indoor, suggested crutches for outdoor.
Strengthening:	Cycling, closed chain quadriceps, walking.

## 12 WEEKS - 6 MONTHS

Motion:	Full range of motion.
Bracing:	When required, ie: uneven ground/lifting weight.
Weight bearing:	Full weight bear, no aids.
Ambulation:	Without pain and without aids.
Strengthening:	Cycling, straight leg raise, walking.

## 6 - 12 MONTHS

- Graded increase in stresses with maturation and hardening of the chondral repair.
- Soft sand walking, light jogging, increasing to forward, backward, sidesteps and change of direction as well as proprioceptive exercises.
- Return to competitive sport suggested at one year.
- Return to work can occur as early as 3 weeks depending on demands of job. 3 weeks would be sedentary office work