# **MACI Patellofemoral Joint**

MACI Patellofemoral Joint			
Weeks One to Three		Weeks Four to Six	
	Evaluate	Evaluate	
A A A A A A A	Range of motion Joint hemarthrosis Ability to contract quad/vmo Gait: TTWB-PWB with 2 crutches Patella Mobility Inspect for infection/signs of DVT Assess RTW and sport expectations	<ul> <li>Range of Motion</li> <li>Ability to contract quad/vmo</li> <li>Signs of infection or DVT</li> <li>Patella mobility</li> <li>Evaluate/discuss footwear to optimize foot and ankle biomechanics</li> </ul>	
	Patient Education	Patient Education	
	Support Physician prescribed meds  Brace: Locked in full knee extension  Crutch Use: 2 crutches at all times  WB Status: <20% WB week 1, progress to 30%  week 2, 50% WB by end of week 3  CPM: 0-20° week 1, progress to 0-30° week 2, 0-60°  by end of week 3 (at minimum 6 hours per day for 6  weeks)  ROM: A/PROM 0-20° week 1, 0-30° week 2, 0-60°  by end of week 3  PRECAUTIONS  Week 1: No active knee extension thru ROM, no  more than 20° of knee flexion*  Brace use 24 hours per day for first 3 weeks  Discuss frequency and duration of treatment (2-  3x/wk is expected for 12 weeks, intermittent after 12)	<ul> <li>Brace: locked in full knee extension week 4-5, May D/C brace week 6 with good quad control</li> <li>WB Status: 75% WB week 4, progress to FWB by week 6.</li> <li>Crutch Use: transition to 1 crutch week 4, wean from crutch starting week 6</li> <li>CPM: Maximum comfortable ROM</li> <li>AROM: 0-90° week 4, progress to 0-125° by end of week 6</li> <li>Reinforce precautions regarding ROM, brace use, crutch use, and WB status.</li> <li>Continue cryotherapy as needed, 20 min, 3x or more per day</li> </ul>	
	Therapeutic Exercise (Wk 1-3)	Therapeutic Exercise (Wk 4-6)	
	Week 1: Isometrics (quad, glute, HS), ankle pumps, PROM knee flex/ext to 20° Week 2-3: PROM/AROM heel slides, quad sets with NMES, supine or sitting hangs/heel prop, 4-way leg raises, HS/Calf stretching  Initiate aquatics at 3-4 weeks post-op Deep water walking (Fwd, Bwd, Sws), deep water calf raises, 4-way leg raises, Passive knee flexion, stretch HS/Calf  Must maintain full knee extension when performing WB aquatic exercises until week 6* on duration of each exercise versus repetitions (30-45 s, progress to 60-90 seconds)	<ul> <li>Initiate recumbent bicycle week 5-6 (modified knee flexion, 90°)</li> <li>Progress 4-way leg raises with weights/bands</li> <li>Initiate clamshells</li> <li>Initiate heel raises</li> <li>Initiate core stabilization exercises         <ul> <li>Progress aquatics at 4 weeks post-op</li> </ul> </li> <li>Shallow water walking (Fwd, Bwd, Sws), Initiate partial squats, shallow water heel raises, and standing HS curls</li> <li>Must Maintain full knee extension when performing WB aquatic exercises until week 6*</li> <li>Open Chain aquatics: Initiate gentle bicycle, jumping jacks and cross-country skiers</li> </ul>	
	Manual Techniques	Manual Techniques	
A A A	Patella mobilization as needed PROM within precautions as tolerated (focus on extension) Incision mobilization/edema STM week 2	<ul> <li>Patella mobilization as needed</li> <li>PROM as needed within precautions</li> <li>Incision mobilization</li> </ul>	
	Modalities	Modalities	
> >	NMES / Interferential/Biofeedback Ice	Modalities may be used as needed	
Goals Goals			
^ ^ ^ ^	Gain full knee extension/restore quad contraction Reduce joint hemarthrosis Independence with post-op precautions 0-60° ROM by end of week 3	Pain-free gait, FWB by week 6 Pain-free knee flexion to 125° SLR without quad lag Proficiency with HEP	

Weeks Seven to Twelve	Months three to six
Evaluate	Evaluate
<ul><li>Gait pattern</li><li>ROM</li><li>Balance</li></ul>	<ul> <li>Gait pattern</li> <li>Address any deficits that may limit return to work or sport.</li> <li>HEP compliance</li> </ul>
Patient Education	Patient Education
<ul> <li>Brace: D/C</li> <li>CPM: To maximum comfortable range as required</li> <li>AROM: Progress to full knee AROM by week 8</li> <li>WB Status: FWB</li> <li>Crutch Use: D/C</li> <li>**STEP TO PATTERN ON STAIRS OUTSIDE OF POOL** -despite transition to FWB with flat surface ambulation. May begin to slowly progress stair training FWB at week 12.</li> </ul>	<ul> <li>AROM: Full ROM</li> <li>Transition to intermittent visits (land therapy)</li> <li>No plyometric activities</li> <li>Initiate light jogging activities at 6 months</li> <li>High impact, shear, and rotational loads are to be avoided until 12-18 months post-op.</li> </ul>
Therapeutic Exercise (Wk 7-12)	Therapeutic Exercise (Months 3-6)
<ul> <li>Initiate upright bicycle week 9</li> <li>Initiate quad stretch week 9</li> <li>Initiate standing weighted/resisted hip add/abduction</li> <li>Single leg static/dynamic balance activity starting week 10</li> <li>May initiate cardiovascular training at 12 weeks (Bike, Swim, and rowing)</li></ul>	<ul> <li>Progress cycling with resistance</li> <li>Progress squatting activities (≤90° of knee flexion)</li> <li>Initiate rowing ergometer/elliptical</li> <li>Initiate step up activities on land</li> <li>Initiate bridging exercises</li> <li>Initiate single leg calf raises</li> <li>Initiate leg press (≤90° of knee flexion, ≤50% body weight)</li> <li>Initiate light jogging on mini-trampoline at 6 months</li> <li>May initiate light jogging in pool at 6 months</li> </ul>
Manual Techniques	Manual Techniques
<ul> <li>Patella mobilization as needed</li> <li>PROM as needed</li> </ul>	> Any as indicated
Modalities	Modalities
> Any as indicated	> Any as indicated
Goals	Goals
<ul> <li>Full pain-free knee AROM</li> <li>Pain-free 6 minute walk test</li> <li>Pain-free bicycle ergometer without brace</li> <li>Proficient with performance of HEP</li> </ul>	<ul> <li>Minimal to no pain</li> <li>Normal gait pattern</li> <li>Pain-free stair climbing</li> <li>Leg press 50% body weight to 60-90° of flexion</li> <li>Return to work</li> </ul>

## **Months Six to Discharge**

#### **Evaluate**

- Single leg Stance stability
- Tolerance to stairs and ambulation on uneven surfaces
- > Goals for return to recreational activities

## **Patient Education**

- Initiate light jogging activities at 6 months
- ➤ High impact, shear, and rotational loads are to be avoided until 12-18 months post-op.
- Return to competitive activities suggested after 12 months
- ➤ Intermittent visits with transition to CFA when appropriate

## **Therapeutic Exercise (Months 6-D/C)**

- Progress step up activities
- Progress OKC and CKC (lunges/squats) activities to unstable surfaces
- Initiate low-impact agility exercises at 9 months

## **Manual Techniques**

> Any as indicated

## **Modalities**

➤ Any as indicated

## Goals

- Return to running Program: walk/jog, jog/run, run on soft surface (grass or soft sand) by 12 months
- ➤ HS/Calf strength within 90% of contralateral leg by 9 months
- Transition to CFA at 9 months post-op per physician clearance
- ➤ Return to recreational activities

#### References

- Ebert, J. <u>MACI Rehabilitation Manual</u>. Vericel Corporation. 2016.
- Ebert, J., Fallon, M., Janes, G., Wood, D. <u>Minimum 10</u>
   <u>Year Clinical and Radiological Outcomes of a Randomized Controlled Trial Evaluating Accelerated Weight Bearing After Matrix-Induced Autologous Chondrocyte Implantation</u>. Orthopaedic Journal of Sports Medicine. 2019. 7(7 suppl5): 2325967119S00260.
- Ebert, J., Schneider, A., Fallon, M., Wood, D.J., Janes, G.C. A Comparison of 2-Year Outcomes in Patients Undergoing Tibiofemoral or Patellofemoral Matrix-Induced Autologous Chondrocyte Implantation. American Journal of Sports Medicine. 2017. 45(14): 3243-3253.
- Edwards, P.K., Ackland, t., Ebert J.R. <u>Clinical</u> <u>Rehabilitation Guidelines for Matrix-Induced Autologous</u> <u>Chondrocyte Implantation on the Tibiofemoral Joint</u>. <u>Journal of Orthopaedic & Sports Physical Therapy</u>. 2014. 44(2): 102-119.
- Jones, K.J., Cash, B.M. <u>Matrix-Induced Autologous</u> <u>Chondrocyte Implantation With Autologous Bone Grafting</u> <u>for Osteochondral Lesions of the Femoral Trochlea.</u> Arthroscopy Techniques. 2019. 8(3): 259-266.
- Kraeutler, M.J., Belk, J.W., Carver, T.J., McCarty, E.C. <u>Is</u>
   <u>Delayed Weightbearing After Matrix-Associated</u>
   <u>Autologous Chondrocyte Implantation in the Knee</u>
   <u>Associated With Better Outcomes? A Systematic Review</u>
   <u>of Randomized Controlled Trials</u>. Orthopaedic Journal of
   Sports Medicine. 2018. 6(5): 2325967118770986.

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