

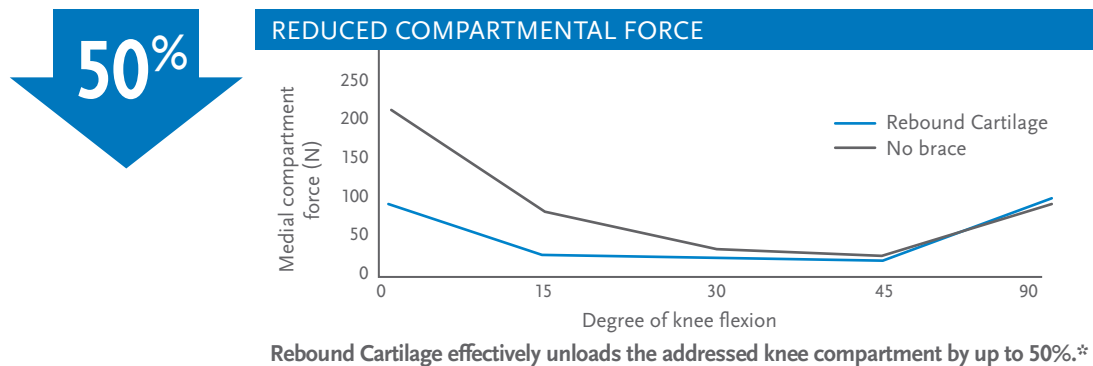
Rebound[®] Cartilage Treatment Recommendations

Recommended Indication

Pre- and Rehabilitation of full thickness cartilage lesions and meniscal tears indicated for repair/transplantation. Bone bruises and other pathologies requiring uni-compartmental unloading.

Reasons To Use The Rebound Cartilage Brace

Meniscal and cartilage repair are biological processes with repair tissue under constant remodeling. Such processes need optimal loading—both compression and shear. Therefore, unloading support from the Rebound Cartilage brace increases the possibility of a good repair outcome. The available extension and flexion control allows surgeons to use the brace right after surgery when restriction of ROM is indicated.



Rehab Protocol

Microfracture medial or lateral femoral condyle < 2cm²

Articular cartilage needs up to 24 months to regenerate post repair procedures¹ and includes 5 important phases for recovery.

Item	Phase Ia (week 1-2)	Phase Ib (week 3-6)	Phase II (week 7-12)	Phase III (week 12-24)	Phase IV (week 24-52)
Weight Bearing	NWB	PWB (25% increase per week)	FWB	FWB	FWB
ROM	0-90° (as tolerated)	As tolerated	Free	Free	Free
Brace	Brace/Immobilizer for P/F lesions	Rebound Cartilage brace	Rebound Cartilage brace (day wear)	Rebound Cartilage brace (in case of symptoms & activity)	Rebound Cartilage brace (exercise & training)
Physio	Soft tissue mobilization, improve extension and reduce swelling	Increase ROM, closed chain, aquatic exercise	Open Chain, elliptic trainer, Alter-G and increase intensity	Sport specific training and no high impact	—
Sport	—	—	Swimming, controlled functional and low intense training with Rebound Cartilage	Straight line running, jogging and golf with Rebound Cartilage	Allow gradual return to high impact and sport activities. Activity as tolerated



Approved by a panel of U.S. orthopedic surgeons. * Biomechanical data from surrogate leg. (Össur File)

1. Marlovits S, Aldrian S, Wondrasch B, Zak L, Albrecht C, Welsch G, Trattnig S "Clinical and radiological outcomes 5 years after matrix-induced autologous chondrocyte implantation in patients with symptomatic, traumatic chondral defects." Am J Sports Med. (2012) Oct;40(10):2273-80.

