



ChondroFiller[®] liquid

Rehabilitation and post treatment

meidrix

Improving Collagen. Improving Life.



with femoral defects

post-op – week 1 – 6

Load	Mobilisation	Sport/Rehab
Immobilisation	Orthosis* in extension for 48h	
Partial load with forearm crutches 15 – 20 kg	CPM with restrictions	Water gymnastics, swimming
Movement restriction by orthosis*	Week 2–3 0/0/60°	Physiotherapy with closed chain
	Week 4–6 0/0/90°	Alternatively, physiotherapy with open chain
Increase in load every 2 weeks		Depending on the site of the defect
Alternatively, fast increase in load	CPM 3–8h/day	
Week 1–2 20% movement		Development of leg control
Week 3–4 50% movement		
Week 5–6 full movement		Isometric tension exercise



week 7–12

Load	Mobilisation	Sport/Rehab
Increase in load up to full body weight	Coordination exercise	Bicycle, ergometer, swimming, rowing, cycling
15–20 kg a week	Mobilise slowly at end of range of flexion	Development of a physiological gait under full load
	Alternatively, physiotherapy with open chain	Aqua jogging
	Physiotherapy in the exercise pool	



month 4–5

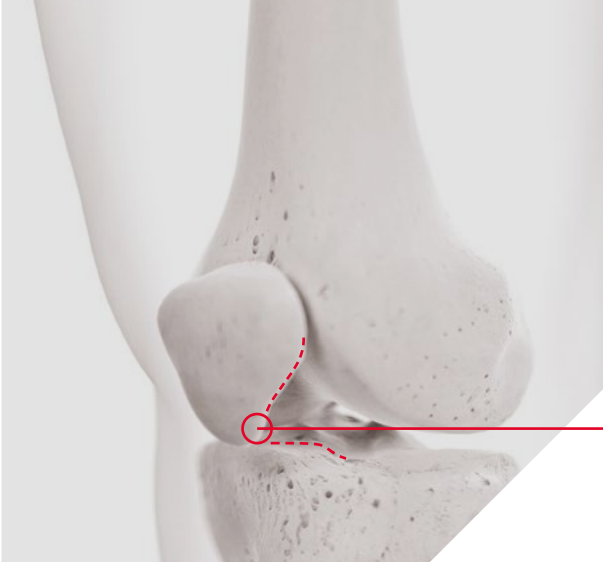
Load	Mobilisation	Sport/Rehab
Full load	Without restriction	Light sports activities



month 6 onwards

Load	Mobilisation	Sport/Rehab
Full load	Without restriction	Sports involving high loads





with femuro-patellar defects

post-op – week 1 – 8

Load	Mobilisation	Sport/Rehab
Immobilisation	Orthosis* in extension for 48h	
Partial load 15 kg with forearm crutches, alternatively full load with movement restriction by orthosis*	Week 1–3 0–30° Week 4–6 0–60° Week 7–8 0–90°	Water gymnastics, swimming
	CPM 3–8h/day	



week 9 onwards

Load	Mobilisation	Sport/Rehab
Increase in load within 2 weeks	Free mobility (limitation due to pain)	Intensive muscle and coordination training Cycling, rowing, swimming



month 4 onwards

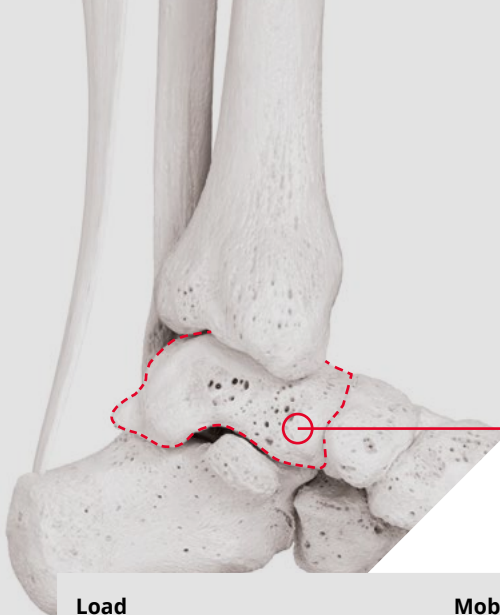
Load	Mobilisation	Sport/Rehab
Full load	Without restriction	Light contact sports activities



month 6 onwards

Load	Mobilisation	Sport/Rehab
Full load	Without restriction	Normal contact sports activities





with defects of the talus

post-op – week 1 – 6

Load	Mobilisation	Sport/Rehab
Immobilisation	Orthosis* with 20°	
Max 20 kg	Passive movement Assisted movement	No sport Immobilise Manual lymph drainage Electrotherapy



week 7 – 3 months

Load	Mobilisation	Sport/Rehab
Gradual increase in load to 100%	Without restriction Full range of movement (limitation due to pain)	No sport Physiotherapy



4 – 6 months

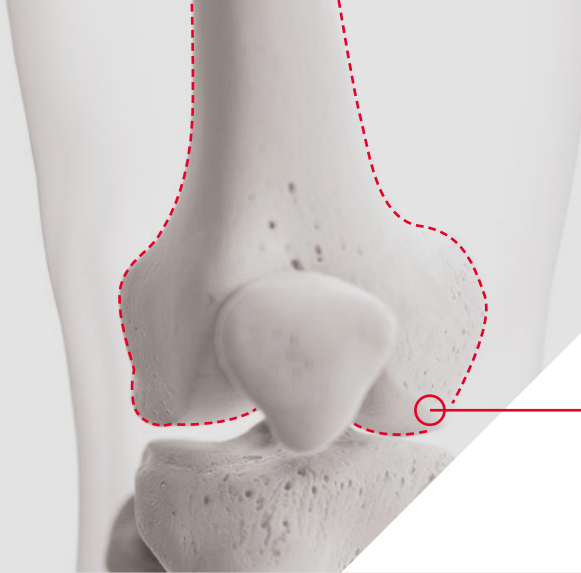
Load	Mobilisation	Sport/Rehab
Full load	Without restriction	Light sports activities such as swimming and cycling



after 6 months

Load	Mobilisation	Sport/Rehab
Full load	Without restriction	Full sports activity

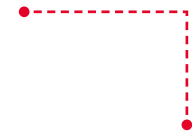




with femoral defects

post-op – week 1 – 6

Load	Mobilisation	Sport/Rehab
Immobilisation	Orthosis* in extension for 48h	
Partial load with forearm crutches 15 – 20 kg	CPM with restrictions	Water gymnastics, swimming
Movement restriction by orthosis*	Week 2–3 0/0/60°	Physiotherapy with closed chain
	Week 4–6 0/0/90°	Alternatively, physiotherapy with open chain
Increase in load every 2 weeks		Depending on the site of the defect
Alternatively, fast increase in load	CPM 3–8h/day	
Week 1–2 20% movement		Development of leg control
Week 3–4 50% movement		
Week 5–6 full movement		Isometric tension exercise



week 7–12

Load	Mobilisation	Sport/Rehab
Increase in load up to full body weight	Coordination exercise	Bicycle, ergometer, swimming, rowing, cycling
15–20 kg a week	Mobilise slowly at end of range of flexion	Development of a physiological gait under full load
	Alternatively, physiotherapy with open chain	Aqua jogging
	Physiotherapy in the exercise pool	



month 4–5

Load	Mobilisation	Sport/Rehab
Full load	Without restriction	Light sports activities



month 6 onwards

Load	Mobilisation	Sport/Rehab
Full load	Without restriction	Sports involving high loads



ChondroFiller® liquid

Patented matrix implantation technology

Innovative matrix technology for inserting a cartilage implant using a dual-chamber syringe.

- /// Cell-free collagen scaffold made from highly pure collagen type 1 of native origin - attractive for cell migration
- /// Time- and cost-efficient application using an innovative dual-chamber syringe
- /// Easy, one step handling in arthroscopic or mini-open application in large joints
- /// One-time application in the thumb saddle joint by injection into the defect under ultrasound control
- /// Individually adapted, dimensionally stable defect filling for cartilage damage grade III and IV
- /// Ready-to-use, no microfracturing, no fibrin glue, no membrane
- /// Development, manufacturing and assembly in Germany



Important note:

These recommendations are taken from diverse sources and informations and are only meant for information relating to required follow-up treatment. The individual course may vary and should always be monitored medically and physiotherapeutically. These recommendations are no substitute for a consultation with an attending physician.

* There are various orthoses/movement splints for cartilage treatment. Ask your doctor or physiotherapist about this.

/// Clinic stamp / practice stamp:

Manufacturer

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Animation of the appliance
of **ChondroFiller®** liquid
in large joints on YouTube
<https://youtu.be/-WADSomz8H4>