



## Osteochondral Allograft to Femoral Condyle Rehabilitation Protocol Dr. Schaap

Time Frame	Treatment	Goals
Post-Op Day	-Dressing change -Instructions in signs and symptoms of infection -Check for DVT -Issue HEP for quad , hamstring and glute sets, SLR, passive leg hangs to 90 deg	-Independent in home exercise program -Fair quad set - NWB x 2 weeks and heel touch thereafter -Home electrical stimulation unit if needed
Phase I (2-6 weeks)	-Begin CPM at 2 weeks post op at home 6 hours per day 0-40 deg, (advance 5-8 degrees/day x 4 weeks) - hip ab/adduction, patellar mobs, hip extension, heel slides and cryotherapy -Frequency = 1-2 times per week if needed to attain good quad set and see good progression of range of motion -Tabletop exercises if in the clinic and continued HEP at home -Can progress range of motion to 90 -heel touch weight bearing	-Good quad set - Independent with SLR -Full extension -Range of motion to 90°
Phase II (6-8 weeks)	-Advance weight bearing 25% weekly until full	-Continue with Phase 1 exercises
Phase III (8-12 weeks)	Frequency = 2-3x/ week -Progress weight-bearing activities as tolerated unless otherwise specified -Closed chain activities, wall sits, shuffle, mini squat, toe raises -Progress ambulation to normalize gait -Continue to progress range of motion  May begin elliptical, swimming, biking as tolerated at 12 weeks	-Normal gait -Normal gait up/down stairs -Range of motion within normal limits

Phase IV	-Begin jogging at 6 months or per physician	-Return to
(12-16 weeks)	-Begin double legged plyometrics at 6 months, progressing to single leg as tolerated -Progressed to full range of motion as tolerated -Progress all other strengthening, proprioception and plyometrics as tolerated	sports/functional activities per physician