

OSTEOCHONDRAL TRANSPLANT (OC) TO FEMORAL CONDYLE REHABILITATION PROTOCOL

| | WEIGHT BEARING | BRACE | ROM | EXERCISES |
|---|---|---|--|--|
| PHASE I 0-6 weeks | Toe touch with brace and crutches | 0-2 week: Locked in full extension at all times Off for CPM and exercise only Discontinue after 2 weeks when SLR without lag | 0-6 weeks: Use CPM for 4-6 hours/day, beginning at 0- 40°; advance 5- 10° daily as tolerated | 0-2 weeks: Quad sets, SLR, calf pumps, passive leg hangs to 90° at home 2-6 weeks: PROM/AAROM to tolerance, patella mobs, quad, hamstring, and glut sets, SLR, side-lying hip and core |
| PHASE II 6-8 weeks | Advance to full weight bearing as tolerated | None | Full | Advance Phase I exercises Gait training Begin stationary bike for ROM |
| PHASE III 8-12 weeks | Full | None | Full | Begin closed chain activities: wall sits, shuttle, mini-squats, toe raises Begin unilateral stance activities, balance training |
| PHASE IV 12 weeks — 6 months | Full | None | Full | Advance Phase III exercises; maximize core/glutes, pelvic stability work, eccentric hamstrings May advance to elliptical, bike, pool as tolerated |
| PHASE V 6-12 months | Full | None | Full | Advance functional activity Return to sport-specific activity and impact when cleared by MD Moderate impact (aerobics, jogging) 8 months High impact (soccer, basketball) 10 months |

- Weight bearing restrictions and brace use will be dependent on size of transplant and location of lesion. Please refer to individual PT script for patient specific instructions

- CPM may not be available depending on insurance coverage. Encourage home ROM exercises as part of HEP.