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Rehabilitation Protocol: Osteochondral Allograft Implantation

Name:_

Diagnosis:	
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Phase I (Weeks 0-6)

- Weightbearing: Non-weightbearing
- **Bracing**:
 - Hinged knee brace locked in extension (week 1) remove for CPM and rehab with PT
 - Weeks 2-6: Gradually open brace in 20 degree increments as quad control is obtained
 - D/C brace when patient can perform straight leg raise without an extension lag
- Range of Motion: Continuous Pass Motion (CPM) machine for 6-8 hours per day for 6-8 weeks
 - Set CPM to 1 cycle per minute starting at 40 degrees of flexion
 - Advance 10 degrees per day until full flexion is achieved (should be at 100 degrees by week 6)
 - PROM/AAROM and stretching under guidance of pt
- Therapeutic Exercises:
 - Patellar mobilization
 - Quad/Hamstring/Adductor/Gluteal sets Straight leg raises/Ankle pumps

Phase II (Weeks 6-8)

- Weightbearing: Partial weightbearing (25% of body weight)
- Range of Motion: Advance to full/painless ROM (patient should obtain 130 degrees of flexion)
- Therapeutic Exercises:
 - Continue with Quad/Hamstring/Core Strengthening
 - Begin stationary bike for ROM

Phase III (Weeks 8-12)

- Weightbearing: Gradually return to full weightbearing
- Range of Motion: Full/Painless ROM
- Therapeutic Exercises:
 - Begin closed chain exercises wall sits/shuttle/mini-squats/toe raises
 - Gait training
 - Continue with Quad/Hamstrings/Core Strengthening
 - Begin unilateral stance activities

Phase IV (Months 3-6)

- Weightbearing: Full weightbearing with a normal gait pattern
- Therapeutic Exercise:
 - Advance closed chain strengthening exercises, proprioception activities
 - Sport-specific rehabilitation jogging at 4-6 months
- \circ Return to athletic activity 9-12 months post-op
- Maintenance program for strength and endurance

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature:_____

Date:_____

Date of Surgery: