Brandon M. Tauberg, M.D.

Orthopaedic Sports Medicine Surgeon Arthroscopic and Shoulder Surgery www.brandontaubergmd.com **South Hills Location** 2000 Oxford Drive Suite 211, 2nd Floor Pittsburgh, PA 15102 412-283-0260 (office) 412-283-0070 (fax)

Osteochondral Defect Repair – Femoral Condyle Protocol

	WEIGHT BEARING	BRACE	ROM	EXERCISES	PROGRESSION GOALS
PHASE I - Acute 0-6 weeks	 0-2 Weeks: NWB with crutches Brace locked straight 2-4 Weeks: TTWB with crutches Brace locked straight 4-6 Weeks: PWB (25%) with crutches Brace unlocked 6-8 Weeks: Progress to FWB with symmetrical gait Wean from brace Wean off crutches as gait normalizes 	 0-4 Week: Brace locked 0° extension for sleeping and all activities Remove for CPM, exercise, and hygiene 4 Weeks: Unlock brace 6 Weeks: Discontinue brace if no extension lag 	 0-1 Week: Full extension Start CPM flexion to 30°, advancing 5-10° daily as tolerated 2-4 Weeks: Maintain full extension and progress to 90° by 2 weeks and 105° by 3-4 weeks 4+ Weeks: Gradually progress flexion to 120° by 6 weeks 	 Heel slides, Quad/Glute/Hamstring sets, straight leg raises (no resistance), hip abduction, patellar mobs, calf/hamstring stretching, stim, biofeedback 4+ weeks, may add Static balance Closed chain exercises Isometric leg press Stationary biking: must be >110° knee flexion (no resistance) Activities with brace until 6 weeks; then without brace as tolerated No weight bearing with flexion >90° Avoid prolonged standing 	 Knee extension ≥ 0° Knee Flexion 120° Minimal effusion/pain Voluntary quad control Symmetrical gait without limp MD or PT APPROVAL
PHASE II - Strength 6-12 weeks	• By 8 weeks progress to FWB and wean from brace	 Discontinued at 6 weeks if no extension lag Unlock and wean out of/off crutches at 8-9 weeks 	 6+ Weeks: Maintain full extension Progress to full flexion (120-135° by week 8) 	 Continue with Phase I Strengthening Weight bearing with flexion >90° is PROHIBITED Leg press, step ups, step downs, squats (45°), wall sits Squat progression: bodyweight → single leg Advance hip abduction & glute strength: band walks, lateral lunge, bridges, hip thrusters 	 Pain < 3/10 (worst) Full ROM Increase strength Hamstring within 20% uninvolved side Quad within 30% uninvolved side

• Do NOT change bandages unless instructed by physician

- Monitor for pain and swelling. Modify as necessary.
- Encourage home exercises program daily
- Encourage ice 4x a day for 20 minutes while swelling is present.

• For any questions or concerns please contact Dr. Tauberg's office



South Hills Orthopaedic

SURGERY ASSOCIATES, P.C.

	WEIGHT BEARING	BRACE	ROM	EXERCISES	PROGRESSION GOALS
				 Core exercises: planks, side planks, v-ups, Russian twist, superman Balance training: foam pad, balance board, BOSU Conditioning Stationary bike (progress resistance and time) Treadmill walking week 10-12 	 Minimal effusion Minimal pain Symmetrical gait without a limp Balance within 30% uninvolved side
PHASE III – Initiate Jogging and Double Leg Plyometrics 12-20 weeks	• Full	• None	 12+ Weeks: Maintain symmetry & pain- free with overpressure 	 Strengthening Leg press (0-90°), step ups, step downs, RDLs, lunges, squats (0-60°), wall sits Squat progression: bodyweight → single leg Advance hip abduction & glut strength: band walks, lateral lunge, reverse lunge, bridges, hip thrusters Core exercises: planks, side planks, v-ups, Russian twist, superman Balance training: foam pad, balance board, BOSU Conditioning Dynamic warmup & integrate sport specific warmup Stationary bike, elliptical, swimming (14 weeks), & rowing machine 12+ Weeks: treadmill walk/jog progressions. Begin with 30″-1′ W/J intervals, advance jog time by 1 min each week 12+ Weeks: Swimming → progress kicking gradually and pain-free, no flip turns 16+ Weeks: Advance to track workouts: jog straights and walk curves (jog to run progression) 	 Criteria For Jogging & Double Leg Jump Rope Pain ≤ 3/10 (worst) Within 2° normal knee extension & 120° knee flexion Quad and hamstring strength ≥ 60% normal Less than 4cm deficit on single-leg squat (anterior reach) ≥ 1 minute single leg squats MD approval
PHASE IV – Strength, Agility, Plyometrics 20-24 weeks	• Full	• None	• 20+ weeks: promote and maintain symmetry	 Strengthening Gym strengthening: squats, deadlifts, initiate Olympic lifting Dynamic eccentric loading: double & single leg Dynamic core: rotational and anti-rotational drills Integrate interval strength circuits & work/rest timed intervals Isokinetic training protocols: begin with 300°/sec, progress to 180°/sec Conditioning Dynamic warmup & sport specific warmup Stationary bike, elliptical, swimming, & rowing machine 	 Criteria for Plyometrics & Agility: Pain ≤ 2/10 (Worst) Quad & HS symmetry ≥ 80% normal; ≥ 50% H/Q ratio for females ≤5 on landing error scoring system (LESS) At least 3 minutes of single-leg squats (resisted) Jogging >15 minutes on treadmill



South Hills Orthopaedic

	WEIGHT BEARING	BRACE	ROM	EXERCISES	PROGRESSION GOALS
				 Track workouts: advance to linear speed drills and sprinting drills Plyometrics & Agility Ladder drills, footwork agility drills, cone drills Double leg plyos: jump rope, line jumps, cone jumps, depth jumps, box jumps Single leg landings: alternating, line jumps, hops → SL jumps High intensity predictable patterned movements, incorporate sport specific drills Change of direction drills: begin with <90°, progress to 90° and greater Advanced Agility & Plyometrics (2-3 days/week) Tuck jumps, squat jumps, bounding, SL hop, SL triple hop, SL cross over hop Change of direction drills Introduce unpredictable agility movements Non-contact sport-specific drills 	 MD or PT APPROVAL Criteria for Advanced Agility & SL Plyometrics: Pain < 2/10 (Worst) Quad & HS symmetry ≥ 80% normal; ≥ 50% H/Q ratio for females At least 3 minutes of single-leg squats (resisted) Jogging >15 minutes on track or paved surface MD or PT APPROVAL
PHASE VI – Return to Play 24+ weeks	• Full	• None	• Full	 Strengthening Gym strengthening: squats, deadlifts, initiate Olympic lifting Interval strength circuits & work/rest timed intervals Dynamic strength and core exercises Complex movement patterns Isokinetic protocols: 300°, 180°, 60°/sec Conditioning Biking, jogging, swimming, rowing, interval sprints Plyometrics & Agility (2-3 days/week) Max effort DL and SL jumps → progress with rotation Lateral & rotational agility drills Unpredictable cutting agility Non-contact drills → contact drills with MD approval Return to practice → contact practice → scrimmage → interval play → full play 	 Return to Play Criteria: VAS < 2 (Worst) >75/100 on ACL-RSI survey Quad & Hamstring strength ≥ 90% normal; ≥ 60% H/Q ratio for females 90% normal on single-leg hop tests 95% normal figure of 8, SL vertical jump, & 5-10-5 pro- agility MD APPROVAL Low impact sports: 6 months post-op Medium impact sports: 8-9 months for small lesions and 9-12 months for large lesions High impact sports: 12-18 months



South Hills Orthopaedic

SURGERY ASSOCIATES, P.C.