

## *Osteochondral Transplant to Femoral Condyle Rehabilitation Protocol*

|   | <b>Weight-Bearing</b>   | <b>Brace</b>   | <b>ROM</b>   | <b>Exercises</b>  |
|---|---|--|--|---|
| <b>PHASE I<br/>0-6 weeks</b>                | <ul style="list-style-type: none"> <li>• Toe touch with crutches</li> </ul>   | <ul style="list-style-type: none"> <li>• <b>Week 0-2:</b><br/>Locked in full extension at all times (remove for CPM and exercises)</li> <li>• <b>Week 2-6:</b><br/>Discontinue after 2 weeks when can SLR without lag</li> </ul> | <ul style="list-style-type: none"> <li>• Use CPM for 4-6 hours/day, beginning at 0-30°: advance 5-10° daily as tolerated</li> <li>• PROM/AAROM with PT assistance</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Week 0-2:</b> Quad sets, SLR, calf pumps, passive leg hangs to 90° at home</li> <li>• <b>Week 2-6:</b> PROM/AAROM to tolerance, patella mobs, quad, hamstring, and glut sets, SLR, side-lying hip and core</li> </ul>   |
| <b>PHASE II<br/>6-8 weeks</b>               | <ul style="list-style-type: none"> <li>• Advance to WBAT: increase 25% every 3-5 days until FWB at 8 weeks</li> </ul> | <ul style="list-style-type: none"> <li>• None</li> </ul>   | <ul style="list-style-type: none"> <li>• Progress to full, painless AROM</li> </ul>  | <ul style="list-style-type: none"> <li>• Advance Phase I exercises</li> <li>• Gait training</li> <li>• Begin stationary bike for ROM</li> </ul>   |
| <b>PHASE III<br/>8-12 weeks</b>             | <ul style="list-style-type: none"> <li>• Full</li> </ul>  | <ul style="list-style-type: none"> <li>• None</li> </ul>   | <ul style="list-style-type: none"> <li>• Full</li> </ul>   | <ul style="list-style-type: none"> <li>• Advance Phase II exercises</li> <li>• Begin closed chain activities: wall sits, shuttle, mini-squats, toe-raises</li> <li>• Begin unilateral stance activities and balance training</li> <li>• <b>NO IMPACT ACTIVITIES (running/jumping) until <u>8 months</u></b></li> </ul>                |
| <b>PHASE IV<br/>12 weeks –<br/>6 months</b> | <ul style="list-style-type: none"> <li>• Full</li> </ul>  | <ul style="list-style-type: none"> <li>• None</li> </ul>   | <ul style="list-style-type: none"> <li>• Full</li> </ul>   | <ul style="list-style-type: none"> <li>• Advance Phase III exercises</li> <li>• Maximize core/glutes, pelvic stability, eccentric hamstrings</li> <li>• May advance to elliptical, bike, and pool as tolerated</li> </ul>   |
| <b>PHASE V<br/>6-12 months</b>              | <ul style="list-style-type: none"> <li>• Full</li> </ul>  | <ul style="list-style-type: none"> <li>• None</li> </ul>   | <ul style="list-style-type: none"> <li>• Full</li> </ul>   | <ul style="list-style-type: none"> <li>• Advance functional activity</li> <li>• Encourage maintenance program</li> <li>• Return to sport-specific activity and impact when cleared by MD (8-9 months postop)</li> <li>• Moderate impact (aerobics, jogging) 8 months</li> <li>• High impact (soccer, basketball) 10 months</li> </ul> |

\*\*\* 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.