Rehabilitation Protocol: Osteochondral Allograft Transfer

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Name: _____ **Date: _____**

Diagnosis: _____ **Date of Surgery: _____**

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° increments as quad control is obtained
  - D/C brace when patient can perform straight leg raise without an extension lag
- **Range of Motion** – Continuous Passive Motion (CPM) Machine for 6-8 hours per day for 6-8 weeks
  - Set CPM to 1 cycle per minute – starting at 40°of flexion
  - Advance 10° per day until full flexion is achieved (should be at 100° 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° 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/Hamstring/Core strengthening
  - Begin unilateral stance activities

Phase IV (Months 3-6)
- **Weightbearing:** Full weightbearing with a normal gait pattern
- **Therapeutic exercises**
  - Advance closed chain strengthening exercises, proprioception activities
  - Sport-specific rehabilitation – jogging at 4-6 months
- Return to athletic activity – 9-12 months post-op
- Maintenance program for strength and endurance

Comments:

Frequency: _____ times per week **Duration: _____ weeks**

Signature: _____ **Date: _____**