Rehabilitation Protocol: Osteochondral Allograft Implantation Dr Shane Hanzlik

Phase I (Weeks 0-6)

- Weight bearing: Non-weight bearing
- 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°0f 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)

- Weight bearing: Partial weight bearing (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)

- Weight bearing: Gradually return to full weight bearing
- 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)

- Weight bearing: Full weight bearing with a normal gait pattern
- Therapeutic exercise
 - 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