Jennifer Thomson, MD
ORTHOPAEDIC SURGERY | SPORTS MEDICINE

Rehabilitation Protocol:
Osteochondral Allograft to Femoral Condyle

Phase I:
0-6 weeks

- Brace: Locked at 0 degrees extension for ambulation 0-6 wks & sleeping x2 wks, okay to unlock for ROM
- ROM: goals as follows-
  - 0-2 weeks: 0-30
  - 3-4 weeks: 0-60
  - 4-6 weeks: 0-90
- Weightbearing: NWB until 4 weeks postop. 50% Heel touch weightbearing in brace locked in extension weeks 4-6
- Exercises:
  - Patella mobilization
  - Straight leg raise supine with brace locked at 0 degrees
  - Quad sets
  - Heel slides
  - Ankle pumps
  - Passive leg hangs to brace limits at home
  - Glute sets, clamshells
  - Side lying hip and core
  - NMES

Phase II:
6-8 weeks

- Brace: unloader brace
- ROM: Gradual progression of ROM until full
- Weightbearing: Advance from heel touch WB to WBAT over a min. two-week period
- Exercises:
  - Gait normalization
  - Eccentric quads & hamstrings
  - Advance core, glute, and pelvic stability

Phase III:
8-12 weeks

- Brace: unloader brace
- ROM: full
- Weightbearing: WBAT
- Exercises:
  - Progress closed chain activities and gait training
  - Begin unilateral stance activities, balance training
  - Hamstring work
  - Hip/core/glutes
  - Begin stationary bike with low resistance as tolerated
  - Light leg press 0-60 deg
  - Mini squats
  - Wall sits

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Phase IV: 12 weeks-6 months

- Brace: none vs unloader brace optional
- ROM: full
- Weightbearing: WBAT
- Exercises:
  - Advance phase II exercises
  - Maximize core/glutes/pelvic stability work
  - Eccentric hamstrings
  - Balance and single leg stabilization
  - Swimming as tolerated after 12 wks
  - Elliptical as tolerated after 16 weeks

Phase V: 6-12 months

- Brace: none
- ROM: full
- Weightbearing: WBAT
- Exercises:
  - Progress strengthening exercises
  - Single leg strengthening
  - Advance functional activity *without* impact
  - Return to sport-specific activity and impact only when cleared by MD, typically after 8 months minimum

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