

## OSTEOCHONDRAL AUTOGRAFT TRANSPLANTATION Femoral Condyle Rehabilitation Program

### PHASE I - PROTECTION PHASE (WEEKS 0-6)

- Goals:**
- Protection of healing tissue from load and shear forces
  - Decrease pain and effusion
  - Restoration of full passive knee extension
  - Gradual improvement of knee flexion
  - Regaining quadriceps control
- Brace:**
- Locked at 0° during weight-bearing activities
  - Sleep in locked brace for 2-4 weeks
- Weight-Bearing:**
- Non weight-bearing for 2-4 weeks (physician direction)
  - If large lesion (>5cm<sup>2</sup>) may need to delay WB up to 4 weeks
  - Toe touch weight-bearing (approx. 20-30 lbs.) weeks 2-4
  - Partial WB (approx. 25-50% body weight) at week 6
- Range of Motion:**
- Immediate motion exercise
  - Full passive knee extension immediately
  - Initiate CPM day 1 for 8-12 hours/day (0-40°) for 2-3 weeks
  - Progress CPM ROM as tolerated 5-10° per day
  - May continue CPM for 6-8 hours per day for up to 6-8 weeks
  - Patellar and soft tissue mobilization (4-6x day)
  - Passive knee flexion ROM 2-3 times daily
  - Passive knee flexion ROM goal is 90° by 1-2 weeks
  - Passive knee flexion ROM goal is 105-115° by 4 weeks and 120-125° by week 6
  - Stretch hamstrings, calf, and quadriceps
- Strengthening Program:**
- Ankle pump using rubber tubing
  - Quad setting
  - Multi-angle isometrics (co-contractions Q/H)
  - Active knee extension 90-40° (if no articulation - no resistance)
  - Straight leg raises (4 directions)
  - Stationary bicycle when ROM allows

- Biofeedback and electrical muscle stimulation, as needed
- Isometric leg press at week 4 (multi-angle)
- May begin use of pool for gait training & exercises week 6

Functional Activities:

- Gradual return to daily activities
- If symptoms occur, reduce activities to reduce pain and inflammation
- Extended standing should be avoided

Swelling Control:

- Ice, elevation, compression, and edema modalities as needed to decrease swelling

**PHASE II - TRANSITION PHASE (WEEKS 6-12)**

Goals:

- Gradually increase ROM & WB to full
- Gradually improve quadriceps strength/endurance
- Gradual increase in functional activities

Criteria to Progress To Phase II:

- Full passive knee extension
- Knee flexion to 120°
- Minimal pain and swelling

Brace:

- Discontinue brace at 6 weeks

Weight-Bearing:

- Progress weight-bearing as tolerated
- 75% body weight with crutches at 8 weeks
- Progress to full weight-bearing at 10-12 weeks
- May need to delay FWB up to 14 weeks if large lesion
- Discontinue crutches at 10-12 weeks

Range of Motion:

- Gradual increase in ROM
- Maintain full passive knee extension
- Progress knee flexion to 125-135°
- Continue patellar mobilization and soft tissue mobilization, as needed
- Continue stretching program

### Strengthening

#### Exercises:

- Initiate weight shifts week 6-8
- Initiate mini-squats 0-45° week 8-10
- Closed kinetic chain exercises (leg press) week 8-10
- Toe-calf raises week 10-12
- Open kinetic chain knee extension, 1 lb./week week 10-12
- Stationary bicycle (gradually increase time)
- Balance and proprioception drills
- Initiate front and lateral step-ups
- Continue use of biofeedback and electrical muscle stimulation, as needed
- Continue use of pool for gait training and exercise
- May need to delay CKC exercises up to 14 weeks if large lesion

#### Functional Activities:

- As pain and swelling (symptoms) diminish, the patient may gradually increase functional activities
- Gradually increase standing and walking

### **PHASE III: MATURATION PHASE (WEEKS 12-26)**

#### Goals:

- Improve muscular strength and endurance
- Increase functional activities

#### Criteria to Progress To Phase III:

- Full range of motion
- Acceptable strength level
  - Hamstrings within 10% of contralateral leg
  - Quadriceps within 10-20% of contralateral leg
- Balance testing within 30% of contralateral leg
- Able to bike for 30 minutes

#### Range of Motion:

- Patient should exhibit 125-135° flexion – no restrictions

#### Exercise Program:

- Leg press (0-90°)
- Bilateral squats (0-60°)
- Unilateral step-ups progressing from 2" to 8"
- Forward lunges
- Begin walking program on treadmill
- Open kinetic chain knee extension (0-90°)

- Bicycle
- Stairmaster
- Swimming
- Nordic-Trak/elliptical

Functional Activities: - As patient improves, increase walking (distance, cadence, incline, etc.)

Maintenance Program: - Initiate at week 16-20

- Bicycle – low resistance
- Progressive walking program
- Pool exercises for entire lower extremity
- Straight leg raises into flexion
- Leg press
- Wall squats
- Hip abduction/adduction
- Front lunges
- Stretch quadriceps, hamstrings, gastroc

#### **PHASE IV - FUNCTIONAL ACTIVITIES PHASE (WEEKS 26-52)**

Goals: - Gradual return to full unrestricted functional activities

Criteria to Progress to Phase IV:

- Full non-painful ROM
- Strength within 90% of contralateral extremity
- Balance and/or stability within 75% of contralateral extremity
- No pain, inflammation, or swelling

Exercises:

- Continue maintenance program progression 3-4x/week
- Progress resistance as tolerated
- Emphasis on entire lower extremity strength & flexibility
- Progress agility and balance drills
- Impact loading program should be specialized to the patient's demands
- Progress sport programs depending on patient variables



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Functional  
Activities:

Patient may return to various sport activities as progression in rehabilitation and cartilage healing allows. Generally, low-impact sports such as skating, rollerblading, and cycling are permitted at about 6-8 months. Higher impact sports such as jogging, running, and aerobics may be performed at 8-10 months. High impact sports such as tennis, basketball, and baseball are allowed at 12-18 months.