Salina Regional Orthopedic Clinic
Salina Regional Health Center

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Guidelines for Rehabilitation Following Osteochrondritis Dissecans Knee ORIF, Mosaicplasty, and OAT'S Procedures

INDICATED PROCEDURES

- Osteochondral autograft/allograft medial/lateral femoral condyle/patella
- De novo cartilage transplantation patella/trochlea/medial femoral condyle/lateral femoral condyle
- Open Reduction and Internal Fixation medial/lateral femoral condyle
- Microfracture medial/lateral femoral condyle
- Retrograde/Anterograde drilling OCD lesion medial/lateral femoral condyle or trochlea

GENERAL GUIDELINES

- Touch-down weight bearing for the first 8 weeks
- PWB from weeks 9-12
- Progress to WBAT at 12 weeks post-op
- Crutches are utilized for the first 12 weeks post-surgery

GENERAL PROGRESSION OF ACTIVITIES OF DAILY LIVING

Patients may begin the following activities at the dates indicated (unless otherwise specified by the physician):

- Bathing/showering without brace after suture removal
- Driving:
    - 1 weeks for automatic cars, left leg surgery
    - 4-6 weeks for standard cars, right leg surgery

REHABILITATION PROGRESSION

The following is a general guideline for progression of rehabilitation following ORIF OCD lesion of the femoral condyle. Progression through each phase should take into account patient status (e.g. healing, function) and physician advisement. Please consult the physician if there is any uncertainty concerning advancement of a patient to the next phase of rehabilitation.

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PHASE 1 (0 - 8 weeks)

- Begins immediately post-op through approximately 8 weeks
- Toe-touch weight bearing only for the first 8 weeks
- Brace locked in extension

Goals

- Control inflammation (ice, elevation, etc.)
- Quad sets and straight leg raises
- May ride stationary bike with seat elevated to prevent flexion past 90 degrees
- Educate patient on rehabilitation progression

Therapeutic Exercises

- Heel slides
- Quad sets, hamstring sets (consider NMES for poor quad set)
- Patellar mobilization
- Non-weight-bearing gastroc/soles, hamstring stretches
- SLR, all planes, with brace in full extension until quadriceps strength in sufficient to prevent extension lag

PHASE 2 (8 - 12 weeks)

- Begins approximately 8 weeks post-op and extends to 12 weeks
- PWB from weeks 9-12

Goals

- Restore normal range of motion
- Progress weight bearing to 50% PWB with crutches

Therapeutic Exercises

- 4-way hip
- Stationary bike (begin with high seat, low tension to promote ROM. Progress to single leg)
- Closed chain terminal extension with resistive tubing or weight machine
- Toe raises

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- Balance exercises (e.g. single-leg balance, KAT)
- Hamstring curls
- Aquatic therapy with emphasis on normalization of gait

PHASE 3 (12 weeks - 6 months)

- Begins at approximately 12 weeks and extends through approximately 6 months
- Progress to WBAT at 12 weeks post-op

Goals

- Full range of motion
- Improve strength, endurance and proprioception of the lower extremity to prepare for functional activities
- Eliminate swelling and pain
- Full weight bearing with crutches or a brace
- Regain normal gait pattern

Therapeutic Exercises

- Continue and progress previous flexibility and strengthening activities
- Begin progressive resistance training
- Continue stationary bike
- Progress aquatic program to include pool running, swimming (no breaststroke) at 3 months
- Stairmaster and Nordic Track (begin with short steps and avoid hyperextension) at 4 months
- Advance closed kinetic chain activities (leg press, one-leg mini-squats 0-45° of flexion, step-ups beginning at 2" and progress to 8", etc.)
- Return to functional sporting activity at 6 months post-op when effusion resolved, range of motion within normal limits, and strength has returned to at least 90% normal side