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## PHYSICAL THERAPY PROTOCOL Osteochondral Allograft to Femoral Condyle

	<u>Weight Bearing</u>	<u>Brace</u>	<u>ROM</u>	<u>Exercises</u>
<b>Phase I</b> <b>Weeks 0-6</b>  PT 1-2x/week HEP daily	TTWB	<b>0 – 2 weeks:</b> Locked in full extension at all times  Off for CPM and exercise only  Discontinue after 2 wks	<b>0 – 6 weeks:</b> Use CPM for 6 hours/day, beginning at 0-40°; advance 5-10° daily as tolerated	<b>0 – 2 weeks:</b> Quad sets, SLR, calf pumps, passive leg hangs to 90° at home  <b>2 – 6 weeks:</b> PROM/AAROM to tolerance, patella and tibiofibular joint mobs, quad, hamstring, & glut sets, SLR, side-lying hip & core
<b>Phase II</b> <b>Weeks 6-8</b>  PT 2-3x/week HEP daily	Advance 25% weekly until full	None	Full	Advance Phase I exercises
<b>Phase III</b> <b>Weeks 8-12</b>  PT 2-3x/week HEP daily	WBAT	None	Full	Gait training, begin closed chain activities: wall sits, shuttle, mini-squats, toe raises  Begin unilateral stance activities, balance training
<b>Phase IV</b> <b>12 Weeks – 6 Months</b>  PT 1-2x/week HEP daily	WBAT	None	Full	Advance Phase III exercises; maximize core/glutes, pelvic stability work, eccentric hamstrings  May advance to elliptical, bike, pool as tolerated
<b>Phase V</b> <b>6–12 months</b>  PT 1x/week HEP daily	WBAT	None	Full and pain-free	Advance functional activity  Gradual return to sport-specific activity and impact when cleared by MD after 8 months

**IF QUESTIONS: PLEASE CALL 469-800-7200**

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