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OSTEOCHONDAL ALLOGRAFT FEMORAL CONDYLE POSTOPERATIVE PROTOCOL

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-2 HEP daily	Full passive extension Edema and pain control Promote independence	TDWB (20%) Ok to remove brace for exercises	Quad sets/SLR, Calf pumps Passive leg hangs to 90° Stretches: hamstring and gastric Standing hip abduction
Weeks 2-6 PT 1-2x/week HEP daily	Full passive extension 120° knee flexion Prevent quad inhibition Edema and pain control Promote independence	Initiate 50% WB Brace when ambulating	AA/PROM pain free Towel extension Patella mobilization Quad re-education SLR in all planes Hip/Core resisted exercises LE flexibility exercises
Weeks 6-12 PT 2-3x/week HEP daily	Full ROM Normal gait pattern Ascend 8" step with control Normal patella mobility Improve ADL endurance	Progress to WBAT DC brace when adequate quad Avoid descending stairs reciprocally Avoid painful activities No running	Continue above exercises Gait training Closed chain activities: wall sits, mini-squats, toe raises, stationary bike, leg press 0-60° Proprioception training Initiate step-up program
Weeks 12-20 PT 2-3x/week HEP daily	Return to normal ADLs Improve endurance Descend 8" step with control 85% limb symmetry Improve strength/flexibility	WBAT Avoid painful activities No running Forward step down test at 4 months Isokinetic testing at 4 months	Continue and advance above Progress squat program Leg press (emphasize eccentrics) Retrograde treadmill Initiate step down program Advance to elliptical, bike, pool Open chain extension to 40°
Weeks 20+ PT 1x/week HEP daily	No apprehension with sport specific movements Maximize strength and flexibility to meet sporting demands	Avoid painful activities No running until: Strength >70% contralateral No agility training until: Strength >90% contralateral No RTP until: Passes RTP evaluation MD clearance	Continue and advance above Begin forward running Begin plyometric program