

## **Rehabilitation Protocol: Osteochondral AUTOgraft Implantation**

### **Phase I (Weeks 0-6)**

**Weightbearing:** Non-weightbearing

**Bracing:**

- Hinged knee brace locked in extension (week 1) – remove for CPM and rehab with PT
- Weeks 2-6: Gradually open brace in 20° increments as quad control is obtained
- D/C brace when patient can perform straight leg raise without an extension lag

**Range of Motion** – Continues Passive Motion (CPM) machine for 6-8 hours per day for 6-8 weeks

- Set CPM to 1 cycle per minute – starting at 30 deg of flexion
- Advance 10 deg every few days or so until full flexion is achieved (should be at least 100° by week 6)
- PROM/AAROM and stretching under guidance of PT

**Therapeutic Exercises**

- Patellar mobilization
- Quad/Hamstring/Adductor/Gluteal sets – Straight leg raises/Ankle pumps
- Stationary bike for ROM with NO resistance if tolerated

### **Phase II (Weeks 6-8)**

**Weightbearing:** Advance to full weightbearing as tolerated – discontinue crutch use

**Range of Motion** – Advance to full/painless ROM (patient should obtain 130° of flexion)

**Therapeutic Exercises**

- Closed chain exercises – wall sits, shuttle, mini-squats, toe raises
- Gait training
- Patellar mobilization
- Begin unilateral stance activities

### **Phase III (Weeks 8-12)**

**Weightbearing:** Full Weightbearing

**Range of Motion** – Full/Painless ROM

**Therapeutic Exercises**

- Advance closed chain strengthening exercises, proprioception activities
- Sport-specific rehabilitation

Gradual return to athletic activity as tolerated

- Jogging -- 3 months
- Higher impact activities – 4-6 months

Maintenance program for strength and endurance