Rehabilitation Protocol: Osteochondral Allograft Implantation



Name:			Date:
Diagnosis:			Date of Surgery:
Phase I (Wee	ks 0-6)		
	earing: Non-weightbeari	ng	
Bracing	•	8	
 V Range o S A F Therape F 	Veeks 2-6: Gradually open D/C brace when patient can f Motion – Continuous Paset CPM to 1 cycle per minudvance 10° per day until for ROM/AAROM and stretch eutic Exercises	brace in 20° increment of perform straight legalistice Motion (CPM) Motion (CPM) Motion at 40° of the control o	d (should be at 100° by week 6)
0 (uau/ Hailisti liig/ Auductoi	/Giuteai sets – straig	gnt leg raises/Allkie pullips
Range oTherape	earing: Partial weightbea	/painless ROM (pation tring/Core strengthe	ent should obtain 130° of flexion)
 Range o Therape E C 	Veeks 8-12) Dearing: Gradually return of Motion – Full/Painless Reutic Exercises Degin closed chain exercise Deart training Dontinue with Quad/Hams Degin unilateral stance acti	OM es – wall sits/shuttle/ tring/Core strengthe	mini-squats/toe raises
 Therape A S Return to 	onths 3-6) pearing: Full weightbearing eutic exercise advance closed chain stren port-specific rehabilitation of athletic activity – 9-12 m ance program for strength	gthening exercises, p n – jogging at 4-6 mo onths post-op	roprioception activities
Comments:			
Frequency:	times per week	Duration:	_ weeks
Signature:			Date: