

OSTEOCHONDRITIS DISSECANS (OCD) DRILLING — FEMORAL CONDYLE

Post-Operative Physical Therapy Protocol



SCAN FOR THE
ONLINE VERSION



Stanford
MEDICINE

Dear Colleague,

I appreciate your partnership in the rehabilitation of this very special patient of ours. I have instructed the patient that you will be using this protocol. My belief is that the biggest predictor of success is what the patient does at home and consistently. **They should view you not just as a therapist but as a highly educated and skilled teacher** and the patient *must* be an active participant in the rehab process.

To facilitate this, I have included a copy of the rehab protocols I would like the patient to focus on at each time point in the rehab process. Please assist me by encouraging and teaching our mutual patient their home exercises as well.

With your help and the active participation of our patient, I know we can have another fantastic knee.

Please do not hesitate to reach out directly to me and my team with any questions at any time.

Respectfully,



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	WEEKS 0-4	WEEKS 4-6	WEEKS 6-12	WEEKS 12-16	WEEKS 16+
Weight bearing	Foot flat <i>Crutches</i>	+25% per week <i>Near full by 6 wks</i>	Full	Full	Full
Range of motion	Full <i>PROM to AAROM to AROM</i>	Full	Full	Full	Full
Brace	Full ROM <i>Off for hygiene, PT</i>	D/C <i>No extension lag</i>	None	None	None
Strengthening	Heel slides, quad sets <i>Mobs, SLR</i>	Continue <i>Weeks 0-4 exercises</i>	Closed chain 0-90° <i>Lunges, mini squats, step up</i>	Squat, step down <i>Leg press (body weight)</i>	Plyometrics <i>Sport-specific drills</i>
Impact and sport	None	None	Stationary bike	Bike	Jogging, running <i>Sport ~4-6 months</i>

As tolerated means pain during exercise no more than 2/10 above baseline. Avoid pushing into pain.

WEEKS 0-4

- **Foot-flat weight bearing with brace set to allow full ROM.**
- Remove brace for hygiene and PT.
- **PROM → AAROM → AROM, progress 0 to full ROM** (non weight bearing).
- Heel slides, quad sets, patellar mobilizations, ankle pumps.
- Straight leg raises (without brace when able to SLR without extension lag).

WEEKS 4-6

- **Progress 25% weight bearing each week until near full weight bearing at 6 weeks.**
- May D/C brace when quad strength is adequate for ambulation and there is no extension lag.
- Continue exercises from weeks 0-4.

WEEKS 6–12

- Closed chain knee extension, stationary bike, weight bearing gastroc/soleus stretch.
- Lunges, mini squats, weight shifts; initiate step up program (all 0 to 90°).
- Proprioceptive training.

WEEKS 12–16

- Advance closed chain strengthening and bike exercises.
- Progressive squat program; initiate step down program.
- Leg press (start with body weight only).

WEEKS 16+

- Begin plyometrics and sport-specific drills, jogging, running.
- Gradual return to athletic activity as tolerated; maintenance program.
- **Return to sport around 4 to 6 months**, once strength and hop testing are at 90% or better and Dr. Tummala clears the patient.

CRITERIA TO RETURN TO SPORT

- Full ROM compared with the uninvolved side.
- No effusion.
- Normal gait and pain-free activities of daily living.
- Quadriceps strength at least 90% of the uninvolved side.
- Single-leg hop tests at least 90% of the uninvolved side.
- Around 4 to 6 months after surgery.

WEEK-BY-WEEK PROGRESSION

EXERCISE	1	2	3	4 (1 mo)	5	6	7	8 (2 mo)	9	10	12 (3 mo)	16	20	24 (6 mo)
Initial Exercises														
Foot flat with crutches														
Add 25% weight per week to near full														
Brace set to full ROM														
D/C brace when no extension lag														
ROM 0-full (PROM to AAROM to AROM)														
Heel slides, quad sets, patellar mobs, ankle pumps														
SLR (out of brace when no lag)														
Advanced Exercises														
Closed chain knee extension, lunges, mini squats (0-90°)														
Weight shifts, step up program (0-90°)														
Proprioceptive training														
Progressive squat, step down program														
Leg press (body weight first)														
Plyometrics, sport-specific drills														
Cardiovascular Exercises														
Stationary bike														
Jogging, running														
High-Level Activities														
Return to sport around 4-6 months														

This protocol is a general guideline and does not replace the clinical judgment of the treating therapist and surgeon. Please contact our office with any questions.