



James S. Kercher, M.D.
Sports Medicine, Shoulder &
Knee Surgery, Cartilage Restoration

Rehabilitation Protocol: Osteochondral Allograft 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
 - + *DIC* brace when patient can perform straight leg raise without an extension lag
- Range of Motion –Continuous Passive Motion (CPM) Machine for 6-8 hours per
- day for 6-8 weeks
 - + Set CPM to 1 cycle per minute –starting at 40°of flexion
 - + Advance 10° per day until full flexion is achieved (should be at 100° by week 6)
 - + PROM/MROM and stretching under guidance of PT
- Therapeutic Exercises
 - + Patellar mobilization
 - + Quad/Hamstring/Adductor/Gluteal sets –Straight leg raises/Ankle pumps

Phase II (Weeks 6-8)

- Weightbearing: Partial weightbearing (25% of body weight)
- Range of Motion —Advance to full/painless ROM (patient should obtain 130° of flexion)
- Therapeutic Exercises
 - + Continue with Quad/Hamstring/Core strengthening
 - + Begin stationary bike for ROM

Phase III (Weeks 8-12)

- Weightbearing: Gradually return to full weightbearing
- Range of Motion –Full/Painless ROM
- Therapeutic Exercises

- + Begin closed chain exercises –wall sits/shuttle/mini-squats/toe raises
- + Gait training
- + Continue with Quad/Hamstring/Core strengthening
- + Begin unilateral stance activities

Phase IV (Months 3-6)

- Weightbearing: Full weightbearing with a normal gait pattern
- Therapeutic exercise
 - + Advance closed chain strengthening exercises, proprioception activities
 - + Sport-specific rehabilitation —jogging at 4-6 months Return to athletic activity –9-12 months post-op Maintenance program for strength and endurance