



Matthew Gotlin, MD
159 East 74th Street
New York, NY 10021

REHAB PROTOCOL: Osteochondral Allograft – Patella or Trochlea

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-6)

- **Weightbearing:** Weightbearing as tolerated with hinged knee brace locked in extension
- **Bracing:**
 - o Hinged knee brace locked in extension (week 1) - remove for CPM and rehab with PT
 - o Weeks 2-6: Gradually open brace in 20° increments as quad control is obtained
 - o D/C 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
 - o Set CPM to 1 cycle per minute - starting at 40° of flexion
 - o Advance 10° per day until full flexion is achieved (should be at 100° by week 6)
 - o PROM/ AAROM and stretching under guidance of PT
- **Therapeutic Exercises**
 - o Patellar mobilization
 - o Quad/Hamstring/ Adductor /Gluteal sets - Straight leg raises/ Ankle pumps

Phase II (Weeks 6-8)

- **Weightbearing:** Weightbearing as tolerated, unlock hinged knee brace
- **Range of Motion** - Advance to full/painless ROM (patient should obtain 130° of flexion)
- **Therapeutic Exercises**
 - o Continue with Quad/Hamstring/Core strengthening
 - o Begin stationary bike for ROM

Phase III (Weeks 8-12)

- **Weightbearing:** Weightbearing as tolerated, D/C hinged knee brace
- **Range of Motion** - Full/Painless ROM
- **Therapeutic Exercises**
 - o Begin closed chain exercises - wall sits/shuttle/mini-squats/toe raises
 - o Gait training
 - o Continue with Quad/Hamstring/Core strengthening
 - o Begin unilateral stance activities

159 East 74th Street
New York, NY 10021
Tel: 212-737-3301 Fax: 212-734-0407

2 Overhill Rd, Suite 310
Scarsdale, NY 10583
Tel: 914-725-6970 Fax: 914-725-6972

1600 Stewart Ave, Suite 100
Westbury, NY 11590
Tel: 516-243-8506 Fax: 212-734-0407

1870 Richmond Road
Staten Island, NY 10306
Tel: 718-285-7118 Fax: 212-734-0407

161 Atlantic Avenue
Brooklyn, NY 11201
Tel: 212-737-3301 Fax: 212-734-0407

200 West 13th Street, 6th Floor
New York, NY 10077
Tel: 212-737-3301 Fax: 212-734-0407

9226 Kennedy Boulevard
North Bergen, NJ 07047
Tel: 212-737-3301 Fax: 212-734-0407

Phase IV (3-6 months)

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

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____