

Patient: _____ Date of Surgery: _____

Procedure: Right/Left Femoral Osteochondral Autograft/Allograft

Associated Procedure (circled if applicable): Meniscectomy/Meniscal Repair

Phase I (0-6 wks): *Period of protection*

Weight bearing: Touchdown weight bearing

Brace: Hinged knee brace locked in extension at all times for 2 weeks except for CPM use and therapy exercises. Unlock brace to 90° at 2 weeks.

ROM: Progress through passive, active and active assisted ROM as tolerated, no more than 90° for first 6 weeks. Ok for home knee hangs to comfort

CPM: Remove brace, start 0-20° post-op day 1 at low speed to comfort and increase 10° per day. DO NOT SLEEP WITH LEG ON CPM. Replace brace afterwards.

Exercises: Weeks 0-2 – Quad sets, SLR, calf pumps, passive leg hangs to 90°. Weeks 2-6 – AAROM and PROM of knee, patella. Quad, glut, hamstring sets. SLR. Core exercises.

Note: if a meniscal repair was done simultaneously, please amend the above with the following restrictions:

- WBAT with brace limited to 0-90 degrees x 4 weeks
- Limit ROM 0-90 degrees x 4 weeks
- No tibial rotation x 4 weeks

Phase II (6-12 wks): *Advance weight bearing and work on strength*

Weight bearing: Advance to full over a 3 week span

Brace: None

ROM: No limitation

CPM: Discontinue

Exercises: Continue expanding on Phase 1 activities. Work on gait patterns, progress to wall sits, closed chain exercises. At 10 weeks work towards balance and unilateral stance activities.

Phase III (12 wks-6 mo): *Strengthening and gait*

Weight bearing: Full

Brace: None

ROM: No limitation

Exercises: Core and glute strengthening, low impact activities like bike, swimming and elliptical, progression to jogging at 5 months if muscle control appropriate

Phase IV (6 mo-12 mo): *Advanced activities*

Weight bearing: Full

Brace: None

ROM: No limitation

Exercises: Return to sport specific activities and impact at about 8-12 months depending on MD clearance.

Frequency: _____x/week x _____weeks

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.

Date: _____

Dax Varkey MD, MPH