

Rehabilitation Protocol: Open Osteochondral Allograft Transplantation of Patella

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-6)

- **Weightbearing:** Weightbearing as tolerated with hinged knee brace locked in extension
 - If Tibial tubercle osteotomy is performed, patient will be non weight bearing for 6 weeks, followed by gradual weight bearing to WBAT over weeks 6-8
- **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
 - 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
 - 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/ AAROM 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:** Weightbearing as tolerated, unlock hinged knee brace
- **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:** Weightbearing as tolerated, D/C hinged knee brace
- **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 (3-6 months)

- **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

Comments:

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____