



Rehabilitation Protocol: Osteochondral AUTOgraft 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
- D/C brace when patient can perform straight leg raise without an extension lag

Range of Motion – Continues Passive Motion (CPM) machine for 6-8 hours per day for 6-8 weeks

- Set CPM to 1 cycle per minute – starting at 30 deg of flexion
- Advance 10 deg every few days or so until full flexion is achieved (should be at least 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
- Stationary bike for ROM with NO resistance if tolerated

Phase II (Weeks 6-8)

Weightbearing: Advance to full weightbearing as tolerated – discontinue crutch use

Range of Motion – Advance to full/painless ROM (patient should obtain 130° of flexion)

Therapeutic Exercises

- Closed chain exercises – wall sits, shuttle, mini-squats, toe raises
- Gait training
- Patellar mobilization
- Begin unilateral stance activities

Phase III (Weeks 8-12)

Weightbearing: Full Weightbearing

Range of Motion – Full/Painless ROM

Therapeutic Exercises

- Advance closed chain strengthening exercises, proprioception activities
- Sport-specific rehabilitation

Gradual return to athletic activity as tolerated

- Jogging -- 3 months
- Higher impact activities – 4-6 months

Maintenance program for strength and endurance