Osteochondral Defect (OCD) Rehabilitation Protocol

This protocol provides you with general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. Specific changes in the program will be made by the physician as appropriate for the individual patient.

****Please fax initial assessment and subsequent progress notes directly to MOSMI at 952-944-0460.***

REMEMBER: It can take up to a year to make a full recovery, and it is not unusual to have intermittent pains and aches during that time!

Phase I: Week 1-2

Goals
- Control pain and swelling
- ADL (activities of daily living)

Guidelines
- NWB (non weightbearing) in boot 3-5 days
- WB in boot as tolerated 3+ days
- Elevate to control swelling
- AROM hip and knee
- Sutures dissolved/removed @ 10 - 14 days
- ADL

Phase II: Week 3-6

Goals
- Full ROM (range of motion)
- Normal gait

Guidelines
- Wean from boot as tolerated
- AROM (active range of motion) in all directions:
  - NWB
  - WB ROM as tolerated
- Massage for edema
- Strengthening:
  ankle - theraband resisted training in all directions
  - progress to WB exercises as tolerated
  ◦ toe raises
• inversion/eversion
  on wobble board or fitter

  hip - against resistance in standing
  knee - wall sits, squats as tolerated
  core - activate abdominals
    - bridging
    - standing: upper extremity diagonals
    - use core when on wobble board

• Gait retraining
• Manual mobilization if required

*If micro fracture was done for an OCD • 4 weeks NWB
  • Walker boot

**Phase III: Week 6-10**

**Goals**
• Full strength and endurance
• Good proprioception

**Guidelines**
• Proprioception retraining
• Dynamic training:
  hopping
  skipping
  running
• Progress to plyometrics

**Phase IV: Week 10 +**

**Goals**
• Return to work +/or activity

**Guidelines**
• Full activity as tolerated
• Work or sport specific retraining