



Osteochondral Defect (OCD) Rehabilitation Protocol

Bryan D. Den Hartog, MD
BryanDenHartogMD.com

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 Dr. Den Hartog at 763-302-2737.****

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 - 14days
- 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 +/- activity

GUIDELINES

- Full activity as tolerated
- Work or sport specific retraining