ROCK PT Protocol Following Operative Management for Juvenile Osteochondritis Dissecans of the Knee

Diagnosis: Stable MFC OCD lesion of the knee

Procedure date: __ / __ / ____  S/P: OCD drilling

NOTE: Time frames below are provided for reference, but should not be used as criteria to progress each patient to the subsequent phase of rehabilitation. A decision to progress each patient to the next phase should be made solely on the ability to demonstrate the noted progression criteria within each phase.

WEIGHT BEARING PROTOCOL

Week 0-4: NWB
Week 4-6: TDWB
Week 6-12: If MD clears following XR, should be PWB progression to FWB

PLEASE DO NOT ADVANCE WEIGHT BEARING UNTIL SEEN IN THE OFFICE FOR VISITS

ACUTE PHASE (post-op weeks 0-6)

Weight Bearing Restrictions: TDWB
ROM: Full ROM without limitations
Modalities: As needed to assist with muscle activation, effusion control and pain management
PRE: Progression of acute phase strengthening to include initiation and progression of closed kinetic chain exercises within guidelines of WB restrictions

Criteria to progress to Sub-Acute Phase:
1. ROM = WNL
2. Can execute supine SLR w/o extensor lag
3. No effusion and pain with exercise

NEUROMUSCULAR STRENGTHENING PHASE (post-op weeks 6-12)
**Weight Bearing Phase:** Progression to FWB as tolerated (TDWB to PWB to FWB recommended over 1-2 wks)
**ROM:** No restrictions
**Modalities:** PRN
**PRE:** Progression of sub-acute strengthening to include FWB closed kinetic chain interventions

**Criteria to Progress to Return to Activity Phase**
1. ROM WNL
2. No residual pain or effusion with activity
3. Quadriceps strength deficit less than 20% of contralateral limb

**RETURN TO ACTIVITY (when healing achieved)**

**Strengthening:** Continue with a progression of NM strengthening PRE’s
**Agility:** Initiate agility, jogging and light impact activities in conjunction with return to activity goals. Progress to plyometric activities consistent with return to sport goals

**Criteria to Progress to Sports/Activity:**
1. Quadriceps strength within 10% of contralateral limb
2. Performance on functional hop testing within 10% of contralateral limb
3. Successful completion of a return to activity/function progression.

**Additional Instructions:**
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