patient label



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:					