



ARTHROSCOPIC / OPEN OSTEOCHONDRITIS DISSECANS (OCD) FIXATION Physical Therapy Protocol

Patient Name: _____ Date of Surgery: _____

Procedure(s): Right/Left Knee Arthroscopy
OCD repair

Accessory Procedure (circled if applicable): OATS
Bone graft harvest (tibia, ICBG)
Osteotomy (DFO, HTO, or AMZ)

____ Evaluate and Treat - no open chain or isokinetic exercises

____ Provide patient with home exercise program

Frequency: _____ x/week x _____ weeks

____ **Phase I (0-8 weeks)***: Period of protection. NWB with crutches until after hardware is removed (2nd operation). Progress ROM as tolerated.**

- **Non-weight bearing with crutches:** Hinged knee brace should be worn at all times except during PT and for hygiene. Brace should be locked in extension when not ambulating or performing PT. For patients without CPM at night, brace should be locked in extension while sleeping.
- **ROM:** Progress through passive, active and active-assisted ROM as tolerated.
 - Goal: Full extension by 2 weeks, 130 degrees of flexion by 6 weeks.
- **Patellar mobilization as tolerated**
- **Strengthening:** Quad sets, SLRs (with brace locked in extension), heel slides, etc..
Ankle/hip strengthening as tolerated.

***In some situations, a CPM device will be ordered for home use: 6-8 hours per day (usually at night) x 6 weeks; start at 0-40 degrees (1 cycle/minute), progressing 5-10 degrees daily as tolerated (goal 120 degrees or greater by week 6). For those without CPM, the brace should be locked in extension during sleep.

____ **Other:**

____ Modalities ____ Electrical Stimulation ____ Ultrasound
____ Heat before/after ____ Ice before/after exercise

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.
This patient _____ would _____ would not benefit from social services.

Physician Name: _____

Date: _____

