

OSTEOCHONDRAL ALLOGRAFT FEMUR AND MENISCUS TRANSPLANT

Post-Operative Rehabilitation Protocol

0-6 weeks

- Strict NWB with crutches for 6 weeks
- Knee immobilizer worn continuously until 6 weeks
- CPM from 0° to 90°
- Patellar mobilization
- SLR (supine) with immobilizer on
- Quad sets while in immobilizer
- Ankle pumps
- Starting at 2 weeks: Side-lying hip and core exercises, progress quad sets and stretching

6-8 weeks

- Begin WBAT progression, starting at 6 weeks: advance from PWB (25% to 50%) to full WBAT
- Full WB by 8 weeks post-op
- Discontinue crutches once gait is normalized and non-antalgic
- Discontinue immobilizer once good quad control is achieved
- Begin active ROM as tolerated (avoid flexion >90° to protect posterior horn)
- Heel raises, closed-chain exercises on Total Gym, gait normalization, eccentric quad and hamstring exercises
- Progress core, glutes, and pelvic stability

8-12 weeks

- Achieve full, pain-free ROM
- Progress closed-chain activities
- Advance hamstring work, lunges, leg press (0-90° only), proprioception/balance exercises
- Begin stationary bike

>12 weeks

- Progress to Phase III and functional activities
- Walking lunges, planks, bridges, Swiss ball, and half Bosu exercises
- Advance core, glutes, and balance work

Note: Progression through these phases should be based on individual recovery, with all exercises adjusted as necessary under the guidance of your surgeon and physical therapist. Regular follow-ups with the surgical team are crucial to ensure optimal recovery