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Osteochondral Allograft Femoral Condyle

Post-Operative Rehabilitation Protocol

0-6 weeks

- Strict NWB with crutches for 6 weeks
- Knee immobilizer until 6 weeks
- Patellar mobilization
- SLR supine while in immobilizer
- Quad Sets while in immobilizer
- Ankle Pumps

6-8 weeks

- Begin WBAT progression with full WB by 6 weeks: advance to PWB (25% then 50%) then continue to progress until full WBAT
- Discontinue crutches once gait is normalized and non-antalgic
- Discontinue immobilizer once good quad control
- Begin Active ROM as tolerated, advance to full ROM
- SLR, closed chain quad strengthening, hip strengthening
- May initiate stationary bike for ROM

8-12 weeks

- Full pain free ROM
- Progress active strengthening
- Begin sports specific exercises

>12 weeks

- Normal pain free gait
- Progressive active strengthening
- Begin sports specific exercises

Weight Bearing Status

NWB x 6 weeks

Brace Settings

Knee Immobilizer until good quad control around 6 weeks

ROM Restrictions

PROM beginning __POD 1

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Exercise	Week			
Initial Exercises:	1 2 3 4 5 6 7 8 9 10 16 20	26 32		
ROM Goals	0-90° 0-125° Progress to full			
Flexion/extension, wall slides				
Flexion/extension- seated				
Patella/Tendon mobilization				
Extension mobilization				
Quad Series				
Hamstring strength progression				
Sit and reach for hamstrings (towel)				
Ankle Pumps				
Crutch weaning	NWB			
SLR (w/ brace until quad control restored)				
Toe and Heel Raises				
Balance Series				
Weight-bearing Strength Exercises:	1 2 3 4 5 6 7 8 9 10 16 20	26 32		
Leg Bridges (2 → 1 leg)				
SLS Balance progressions				
Beginning cord exercises				
Squat/Leg press (ISO →reps, 2 → 1 leg)	NWB			
Step-up/Lunge Progressions				
Dead Lift (2 →1 leg)				
Cardiovascular Exercises:	1 2 3 4 5 6 7 8 9 10 16 20	26 32		
Bike with both legs-no resistance		,		
Bike with both legs- resistance				
Aqua jogging				
Treadmill-walking (no limp)	ADA/D			
Swimming with fins	NWB			
Elliptical Trainer				
Stair stepper				
*Note for Cardio Exercises	Must tolerate daily walking with no limp & no significant inc			
Agility Exercises:	pain/swelling prior to initiating WB cardio (walk, elliptical, s	26 32		
Running Progression				
Initial-Single Plane	NWB			
Advance-Multi Directional				
Functional Sports Test				
High Level Activities:	1 2 3 4 5 6 7 8 9 10 16 20	26 32		
Golf Progression				
Outdoor biking, hiking, running	NWB			
Return to Full Sport at 9 months post-op				

Adapted from post-operative protocol created by Howard Head Physical Therapy, Jill Monson, PT, OCS and Jon Schoenecker, PT, OCS, CSCS



Quad Series:

- •Quad sets (5 sec hold) also quick contractions (NMES to supplement)
- Prone quad sets
- •SLR with no extension leg
- Progression of Quad Strengthening (WB exercises at 6 weeks)
- •LAQ in safe range -no added resistance to begin
- •Once weight bearing tandem stance TKE with 5 sec hold
- •Isometric wall sit
- •SLR with resistance
- •Step up progression
- Squat progression
- •Leg press progression
- •Lunge progression

Hamstring Series:

- Hamstring stretching (supine/prone)
- •Hamstring set (heel dig)- contract hamstring with knee flexed pressing heel into the floor (5 sec hold)
- Hamstring curls
- Progress to resisted hamstring curl

Sport Test Exercises:

- •Goals: impact training and introduction of directional drills
- Double leg squat jumps
- Box jumps
- Speed skaters
- Double leg jumps for height and distance progress to single leg as tolerated
- •Blaze pod change of direction drills

Further Clarifications and Considerations

- •May begin to implement BFR as early as 1 week into post-op period
- •Cord exercises (resistance band/cord): resisted double knee bends, resisted hamstring curls
- •Functional Sports Test: Baseline completed at 7 months post-op with subsequent test between 9 months



Return to Running Criteria

- Trace effusion, flexion within 5 degrees of contralateral side
- LSI on anterior reach Y balance test ≥ 90%
- LSI on quadriceps torque output on isometric measurement ≥ 75%
- ■12" SL squat tolerance
- Able to walk > 1 mile with no limping or pain
- •Able to "hop" with UE assist on operative leg 5 times without pain or compensation
- •SL balance with eyes closed 30 seconds without loss of balance



Return to Agility/Change of Direction Criteria

- Return to running criteria listed above met
- No effusion
- •Full ROM
- •Quad LSI on isokinetic ≥85%
- Hamstring LSI on isokinetic ≥85%
- •LSI on anterior reach Y-balance ≥ 95%
- SL hopping pain-free and effusion free



Return to Sport Criteria

- •In order to test must demonstrate full AROM, no pain, no/trace effusion, 5/5 strength, negative lachman and pivot shift, LSI ≥95% hamstring curl and leg press
- •Quadricep strength ≥95% of contralateral side (< 2cm of atrophy)
- •Able to perform single leg squat with correct form
- LSI SL hop ≥95%
- •Y-Balance ≥95% (mean of 3 trials in anterior, posterolateral, posteromedial /100)
- Vertical jump test, single leg hop distance, and timed single leg hop over 20 -feet ≥90% of contralateral side

