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## FEMORAL OSTEOCHONDRITIS DISSECANS REPAIR

Name:	-
Diagnosis:	
Date of Surgery:	
Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5	6 Weeks
Weeks 0-4:	
<ul> <li>NWB/TTWB with brace in full extension when ambulating         <ul> <li>Ok to set 0-90 ROM when at rest/sitting</li> <li>Remove for hygiene and PT</li> </ul> </li> <li>PROM→AAROM→AROM progress 0-90 degrees (non weight bearing)</li> <li>Heel slides, quad sets, patellar mobs, ankle pumps</li> <li>Straight leg raises (without brace when able to SLR without extension lag</li> </ul>	<b>:</b> )
Weeks 4-6:	
<ul> <li>Maintain NWB/TTWB</li> <li>Allow 0-full flexion ROM when at rest/ambulating; may remove for sleep</li> <li>Continue exercises from weeks 0-4</li> </ul>	ing
Weeks 6-12	
<ul> <li>D/c brace when quad strength adequate for ambulation and no extension</li> <li>Progress to full weight bearing in 0-90 in flexion; no weight bearing past</li> <li>Closed chain knee extension, stationary bike, weight bearing gastroc/sole</li> <li>Lunges, mini-squats, weight shifts, initiate step up program (all 0-90 degr</li> <li>Proprioceptive training, stationary bike use</li> </ul>	90 flexion eus stretch
Weeks 12-16:	
<ul> <li>Unrestricted ROM even with weight bearing</li> <li>Advance closed chain strengthening and bike exercises</li> <li>Progressive squat program; initiate step down program</li> <li>Leg press (start initially with body weight only)</li> </ul>	
Weeks 16+:	
<ul> <li>Begin plyometrics and sport-specific drills, jogging, running</li> <li>Gradual return to athletic activity as tolerated</li> <li>Maintenance program</li> </ul>	
Signature Date:	