

## Rehab Protocol

### Rehabilitation Protocol Summary for Osteochondral Autograft Procedures

	Postoperative Weeks					Postoperative Months			
	1-2	3-4	5-6	7-8	9-12	4	5	6	7-12
<b>Brace:</b> Bledsoe OA unloader	X	X	X	X	X			X	X
<b>Range of motion minimum goals:</b>									
0-110°	X	X							
0-135°									
<b>Weight bearing:</b>									
None	X								
Toe touch to 1/4 body weight		X							
1/2 to 3/4 body weight			X		X				
Full				X					
<b>Patella mobilization</b>	X	X	X	X					
<b>Modalities:</b>									
Electrical muscle stimulation (EMS)	X	X	X	X					
Pain/edema management (cryotherapy)	X	X	X	X	X	X	X	X	X
<b>Stretching:</b>									
hamstring, gastroc-soleus, iliotibial band, quadriceps	X	X	X	X	X	X	X	X	X
<b>Strengthening:</b>									
Quad isometrics, straight leg raises, active knee extension	X	X	X	X	X				
Closed-chain (gait retraining, toe raises, wall sits, mini-squats)				X	X	X	X	X	X
Knee flexion hamstring curls (90°)					X	X	X	X	X
Knee extension quads (90-30°)					X	X	X	X	X
Hip abduction-adduction, multi-hip Leg press (70-10°)					X	X	X	X	X
<b>Balance/proprioceptive training:</b>									
weight-shifting, mini-trampoline, BAPS, KAT, plyometrics					X	X	X	X	
<b>Conditioning:</b>									
UBE		X	X	X		X	X	X	X
Bike (stationary)				X		X	X	X	X
Aquatic program						X	X	X	X
Swimming (kicking)						X	X	X	X

Walking	X	X	X	X	X
Stair climbing machine	X	X	X	X	X
Ski machine					

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**Running:** straight X

**Cutting:** lateral carioca, figure 8's X

**Full sports** X

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