

## VCU Sports Medicine Clinic

### Osteochondritis dissecans (OCD) refixation femoral condyle repair protocol

This protocol is designed to serve as a patient guide to rehabilitation following an OCD refixation femoral condyle repair procedure. Time frames allow for the optimal healing and should be used as criteria for advancement along with a patient's functional ability.

	<b>Weight bearing and range of motion</b>	<b>Brace use</b>	<b>Therapeutic elements</b>
<b>0-6 weeks</b>	<p style="text-align: center;">Toe touch weight bearing (20-30 percent) for six weeks</p> <p style="text-align: center;">Range of motion: Locked in full extension</p> <p style="text-align: center;">Week 2-6: Gradually increase to full range of motion by six to eight weeks</p>	<p style="text-align: center;">Week 1: Locked in full extension</p> <p style="text-align: center;">Week 2: Gradual increase by 20 degrees each week</p> <p style="text-align: center;">Discontinue brace once full quad control obtained</p>	<p style="text-align: center;">Passive range of motion/active assistive range of motion to tolerance, patella and tib/fib joint mobs (grade I &amp; II) quad, hamstring, gluteal sets, hamstring stretches, hip strengthening, straight leg raises</p>
<b>6-12 weeks</b>	<p style="text-align: center;">50 percent weight bearing until eight weeks, then gradual return to WBAT, gradually increase to full flexion</p>	No brace	<p style="text-align: center;">Scar and patella mobs, quad/hamstring strengthening, stationary bike, continue with lower-extremity strengthening, gait training</p>
<b>After 12 weeks</b>	Full	No brace	<p style="text-align: center;">Closed chain activities, strengthening as tolerated</p>