



ATTENTION PHYSICAL THERAPISTS—STRESS IMPORTANCE OF THE FOLLOWING:

- Place patient in brown compression stocking at first PT appointment. Wear during daytime only and d/c at night.
 - May discharge when no swelling or effusion- typically 3-4 weeks p/o
- Stress early knee extension. Should reach full knee ext by 3 weeks post-op.
- Stress **no pillows under popliteal fossa**. Always under calf/heel only to progress knee extension.
- All multi-ligament reconstructions on ASA 325 p/o daily X2 weeks unless contraindicated (i.e. Coumadin, Bloodthinners, Allergies)
- Patellar mobs for all ligament reconstructions.

**REHABILITATION GUIDELINES
SPORTSMETRICS REHAB PROTOCOL FOR MICROFRACTURE/BIOCARTILAGE OF
FEMORAL CONDYLE/OATS (OSTEOCHONDRAL AUTOGRAFT
TRANSPLANTATION)**

DOS:

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE 1 0-6 weeks	Non-WB	0-2 weeks: Locked in extension at all times Off for exercise only d/c after 2 wks	0-6 wks: beginning at 0-40 degrees; advance 5 degrees daily as tol.	0-2 wks: Quad sets, SLR, calf pumps, passive leg hangs to 90 degrees at home 2-6 wks: PROM/AAROM to tol., patella and tibiofibular joint mobs, quad, hamstring, and glut sets, SLR, side-lying hip and core
PHASE 2 6-8 weeks	Advance 25% until full	None	Full	Advance Phase 1 exercises
PHASE 3 8-12 weeks	Full	None	Full	Gait training, being closed-chain activities: wall sits, shuttle, mini-squats, toe raises Begin unilateral stance activities, balance training
PHASE 4 12 weeks- 6 months	Full	None	Full	Advance Phase 3 exercises; maximize core/glutes, pelvic stability work, eccentric hamstrings May advance to elliptical, bike, pool as tolerated.



PHASE 5 6-12 months	Full	None	Full	Advance functional activity Return to sport-specific activity and impact when cleared by MD after 8 months
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