



Femoral Condyle OCA Transplantation Rehabilitation Protocol

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SURGERY DATE: _____

POSTOPERATIVE WEEKS

POSTOPERATIVE MONTHS

Femoral Condyle Transplant	1-3	4-6	7-9	10-12	3 M	4 M	5 M	6 M	7 M
Brace: Hinged knee brace postoperative	X	X	X						
Range of motion minimum goals:									
0-30°, advance 10°/day as tolerated	X	X	X	X					
Weight bearing:									
Toe touch WB (brace locked at 0°)	X	X							
25-50% (brace unlocked with Dr. clearance)			X						
75% with cane (brace unlocked with Dr. clearance)				X					
Full WB (brace unlocked with Dr. clearance)					X	X	X	X	X
Patella mobilization	X	X	X	X					
Modalities:									
Electrical muscle stimulation (EMS)	X	X	X						
Pain/edema management (cryotherapy)	X	X	X	X	X	X	X	X	X
Stretching:									
Hamstring, gastroc-soleus	X	X	X	X	X	X	X	X	X
Quad, ITB			X	X	X	X	X	X	X
Strengthening:									
Quad isometrics, straight leg raises	X	X	X	X	X	X	X	X	X
Active assist knee extension (0-30°)	X	X	X	X	X	X	X	X	X
Hip abduction-adduction, multihip		X	X	X	X	X	X	X	X
Closed-chain: gait retraining, toes raises				X	X	X	X	X	X
Knee extension quads (90-0°)					X	X	X	X	X
Leg press (70-10°) ½ BW first month							X	X	X
Wall sits, mini-squats (bilateral)							X	X	X
Closed-chain – as above (unilateral)									X
Leg Press – full motion, progress weight									X
Balance/proprioceptive training:									
Gait training				X	X	X	X	X	X
Weight-shifting, minitrampoline, BAPS, KAT				X	X	X	X	X	X
Conditioning:									
UBE		X	X	X	X				
Aquatic program (weight bearing)				X	X	X	X	X	X



Bike (stationary)						X	X	X	X
Elliptical								X	X
Walking (fast)								X	X
Stair climbing machine									X
Row machine									X
Plyometrics, swimming, and light recreation sports (cleared by doctor)									