

OCD Drilling (Knee) Rehabilitation Protocol

Colby Wollenman, M.D.

Patient: _____ **DOS:** _____

Surgeon Parameters

Lesion: ☐ Femoral condyle ☐ Patella / trochlea	Protected weight bearing <u>4</u> wks	Cleared for impact based on xray, typically ~3 months
Other Precautions:		

Parameters above are patient-specific and supersede the general timeframes below. **Radiographic healing of the subchondral bone is the rate-limiting factor: impact does not start on time alone — it requires radiographic healing and surgeon clearance (typically 3–6 months).** ROM is unrestricted. Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–6	Goals - Protect the lesion - Full ROM - Quad activation; SLR without lag - Normal gait once weight bearing is allowed	Precautions Femoral condyle: touch-down weight bearing with crutches per parameters above, then progress to full over 2 wks (2 crutches → 1 → none) Patella / trochlea: WBAT in a brace locked in extension for 6 wks; no weight bearing on a flexed knee - No ROM limit - No running, jumping, sport, or PE	Treatment Focus - Home program wks 0–4; supervised PT from wk 4 - Quad sets, SLR, short-arc → long-arc quads; NMES/BFR if available - Heel slides; bike without resistance from wk 4 - Hip and core work
► Advance to Phase 2 when: full ROM, no effusion, SLR without lag, full weight bearing with a normal gait.			
Phase 2 Weeks 6–12	Goals - Restore strength - Normal gait and stairs - Low-impact conditioning	Precautions - No impact, running, jumping, or sport until cleared - Patella/trochlea: brace off at 6 wks; shallow closed chain (0–45°) first	Treatment Focus - TKE, leg press, bridges, hamstring curls, RDL, band walks - Body-weight squats and lunges from wks 6–8, adding load as tolerated - Bike, swimming, elliptical; balance
► Advance to Phase 3 when: ≥12 wks, radiographic healing and surgeon clearance, full pain-free ROM, no effusion, quad LSI ≥80%.			
Phase 3 Months 3–6	Goals - Graded return to impact and sport - Strength and hop LSI ≥90%	Precautions - Impact only after radiographic clearance (date above) - Pain or effusion with impact → stop and contact the surgeon	Treatment Focus - Walk–jog → running; plyometrics, double → single leg - Agility and sport-specific drills
► Full Release (typically 4–6 months): radiographic healing, full pain-free ROM, no effusion, strength and hop tests ≥90% of contralateral, sport-specific progression completed, cleared by physician.			

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.