

OCD Fixation (Knee) Rehabilitation Protocol

Colby Wollenman, M.D.

Patient: _____ **DOS:** _____

Surgeon Parameters

Lesion: ☐ Femoral condyle ☐ Patella / trochlea	Fixation: ☐ Bioabsorbable ☐ Metal Planned hardware removal: ☐	Touch-down weight bearing _____ wks (default 6 for condyle)
Other Precautions:		

Parameters above are patient-specific and supersede the general timeframes below. **Union of the fixed fragment is the rate-limiting factor: shear and compression across the lesion are limited for 6 wks, and impact requires radiographic healing and surgeon clearance.** ROM is unrestricted unless a limit is written under Other Precautions. 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 fixation - Full extension; flexion $\geq 120^\circ$ by wk 6 - Quad activation; SLR without lag	Precautions Femoral condyle: touch-down weight bearing with crutches per parameters above Patella / trochlea: WBAT in a brace locked in extension for 6 wks; no weight bearing on a flexed knee; no active open-chain knee extension - ROM unrestricted unless noted above - No impact, twisting, or pivoting	Treatment Focus - Quad sets, SLR, short-arc $\rightarrow$ long-arc quads; NMES - BFR if available from wk 2 - Heel slides; bike without resistance from wks 2–4 - Hip, core, and calf work
► Advance to Phase 2 when: ≥ 6 wks, full extension, flexion $\geq 120^\circ$, minimal effusion, SLR without lag.			
Phase 2 Weeks 6–12	Goals - Full weight bearing and normal gait by ≈ 8 wks - Full ROM - Closed-chain strength	Precautions - Femoral condyle: 2 crutches for 1 wk $\rightarrow$ 1 crutch for 1 wk $\rightarrow$ none If metal screws awaiting removal: stay on Phase 1 weight bearing and exercises until removal (up to 12 wks), then begin Phase 2 - Patella/trochlea: brace off at 6 wks; shallow closed chain ($0-45^\circ$) first - No impact	Treatment Focus - TKE, leg press, glute bridges, hamstring curls, RDL, band walks - Body-weight squats and lunges from wks 6–8, adding load as tolerated - Bike with resistance; balance
► Advance to Phase 3 when: ≥ 12 wks, radiographic healing and surgeon clearance, full ROM, no effusion, normal gait, quad LSI $\geq 70\%$.			
Phase 3 Months 3–6	Goals - Non-impact conditioning and strength (LSI $\geq 80\%$) - Graded return to impact and sport once cleared	Precautions - Impact and return-to-sport drills only after radiographic clearance (typically 3–6 months) - Pain, catching, or effusion $\rightarrow$ stop and contact the surgeon	Treatment Focus - Swimming, cycling, rowing, elliptical - Progressive resistance with single-leg emphasis - Once cleared: walk-jog, plyometrics, agility, sport-specific drills
► Full Release (typically 5–6 months; later if healing is slow): radiographic healing, full pain-free ROM, no effusion or mechanical symptoms, strength and hop tests $\geq 90\%$ 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.