



Pediatric Orthopedic and Scoliosis Center
Rehabilitation Medicine Center

Rehabilitation prescription for:

Patient label

Dr. Tysklind's PT Protocol Following Operative Management for Juvenile Osteochondritis Dissecans of the Knee

Diagnosis: R / L Medial / Lateral femoral condyle stable OCD lesion

Procedure date: S/P: knee arthroscopy, OCD drilling

WEIGHT BEARING PROTOCOL

Wk 0-6: TDWB (1/6 body weight) w/ crutches for assistance and brace locked in full extension

- ROM when not ambulating: 0-2 wks 0-30 degrees, 2-4 wks 0-60 degrees, 4-6 wks 0-90 degrees

Wk >6: PLEASE DO NOT ADVANCE WEIGHT BEARING STATUS UNTIL SEEN IN THE OFFICE FOR THE 6 WEEK VISIT

- If MD clears following XR, should be WBAT (full body weight), may discontinue brace

Weeks 1-2

On a weekly basis, assess the following:

- Measure girth of knee: mid-patella
 - Measure range of motion of knee, flexion and extension
 - Grade patient ability to terminally extend knee (quad sets) poor, good, normal
 - Grade patient's subjective report of pain on a verbal pain rating scale 0-10 (10 being the greatest)
 - Assess gait pattern, instruct on proper heel to toe gait. Instruct on use of crutches.
- *Range of motion no greater than 90° and use of crutches until week 6.

A re-evaluation should be performed weekly.

Exercises: Strive for 2 sets of 20 repetitions three times a day.

1. Active assisted heel slides with towel
2. Active assisted knee extensions (short arc or long arc)
3. Quad sets or straight leg raises (if there is no lag)
4. Prone active hamstring curls
5. Active bilateral heel raises

Stretches

Hamstrings (with towel)

Gastrocnemius (with towel)

Perform each stretch twice with a 30 second hold.

Weeks 3-6

Exercises

1. Progress heel slides to bike (start with 10 minutes, and add 5 minutes per week, minimal resistance). Perform bike 1 x day. 5x/week.
2. Active knee extensions (terminal or long arc, depending on location of OCD lesion). *
3. Active straight leg raise, minimal resistance/weight.
4. Active prone hamstring curls, minimal resistance/weight.
5. Continue bilateral heel raises.

Stretches

Add pain-free rectus stretch to previous stretches.

Weeks 6-8

Discontinue crutches.

Continue previous exercises.

Continue previous stretches.

Progress:

- heel raises to unilateral
- leg press to unilateral

Add walking program 3x/week. Progress from 15 minutes to 30 minutes over 4 weeks.

Weeks 9-12

Continue previous exercises.

Continue previous stretches.

Continue walking building up to 45 minutes, 3x/week.

At week 12, assess patient's strength by doing 1 set to fatigue with the patient's most recent training weight.

Straight leg raise
Knee extension
Hamstring curl
Heel raises
Leg press

When strength grade is 70% of unaffected limb, patient can begin to run after clearance from M.D. When 90% strength of unaffected limb is attained and patient can run 10 minutes without pain or swelling, patient can return to agility type sports after being cleared by M.D. Patient must complete Return to Sport Agility Protocol without pain or swelling.

Additional Instructions:

Wk 0-6: TDWB (1/6 body weight) w/ crutches for assistance and brace locked in full extension, unlock for 0-90 when not ambulating

Wk >6: WBAT (full body weight), may discontinue brace