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Post-Operative Protocol- Osteochondral Allograft Transplant

Patient Name: _____ Date: _____

Diagnosis: _____ Date of Surgery: _____

_____ Provide patient with home exercise program

0-6 Weeks:

Strict NWB with crutches
Knee immobilizer until quad control is adequate
CPM 6-8 hours/day: Set at 1 cycle per minute. Begin 0-40° flexion and advance 5-10° daily per patient comfort. Should be at minimum 100° by six weeks post-op Quad sets, Patellar mobilization, SLR

6-8 Weeks:

Partial WB 25%
D/C any immobilizer
Begin Active ROM as tolerated. Advance to full ROM.
SLR, Closed Chain Quad Strengthening, Hip Strengthening
May initiate stationary bike for ROM.

8-12 Weeks:

Gradually advance to full WBAT
D/C crutches when gait normalized.
Full Pain free ROM
Begin closed chain activities (wall sits, mini-squats, lunges, shuttle)

12 Weeks:

Normal pain free gait.
Progressive Active strengthening
Begin sports specific exercises

_____ Other:

Modalities: _____ Electric Stimulation _____ Ultrasound _____ Heat before/Ice after

Frequency: _____ x/ week x _____ weeks

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