

Tibiofemoral Cartilage Restoration (OAT, OCA)

Phase 1 – Maximum Protection

Weeks 0 to 6

- Brace settings
 - Week 1: 0-30 degrees
 - Weeks 2-6: 0-45 degrees
- Weight bearing progression with use of two axillary crutches
 - Week 1: <20% of body weight
 - Weeks 2-3: progress to 30% of body weight
 - Weeks 4-6: progress to 60% of body weight
- Initiate quadriceps muscle activation
- Initiate range of motion (restrictions apply to unloaded and loaded motion)
 - Week 1: 0-45 degrees of flexion
 - Weeks 2-3: 0-90 degrees of flexion
 - Weeks 4-6: 0-125 degrees of flexion

Goals:

- Reduce pain and inflammation
- Protect the surgical repair
- Maintain full knee extension of motion per above protocol
- Gradually progress knee range of motion per above restrictions
- Maintain strength and motion of non-operative joints
- Quadricep activation

Exercise Progression:

- Passive/active knee range of motion
- Calf and hamstring stretches
- Quad set, hamstring sets, glute sets, heel raises
- Multi-plane open kinetic chain strengthening (i.e. straight leg raises, avoid patellofemoral provocative exercises – lunges, open chain leg extension)
- Initiate bike with no resistance to facilitate ROM at 4 weeks
- Use of blood flow restriction (BFR) therapy to facilitate strengthening during weight bearing restrictions
- Patellofemoral mobilizations
- Gait training
- Elevation and cryotherapy to assist with swelling reduction

Phase 2 – Progressive Stretching and Early Strengthening

Weeks 6 to 12

- Brace unlocked allowing full flexion mobility. Discontinue brace when full weight bearing
- Weight bearing progression with use of single axillary crutch
 - Weeks 7-8: progression to 80% of body weight
 - Weeks 9-10: progress to full weight bearing with no assistive devices
- Full range of motion
- Progress closed chain strengthening from double limb to single limb
- Initiate balance and proprioception exercises

Goals:

- Reduce pain and inflammation
- Protect the surgical repair
- Full knee range of motion
- Maintain strength of non-operative joints
- Normalizing gait pattern

Exercise Progression:

- Able to gradually increase resistance on bike at 6 weeks
- Initiate elliptical at 12 weeks
- Initiate closed chain strengthening in double limb progressing to single limb
- Maintain squat depth at 90 degrees or above
- Step-up progression
- Gait training
- Elevation and cryotherapy to assist with swelling reduction

Phase 3 – Progressive Strengthening

Weeks 12 to 24

- Discontinue brace
- Full weight bearing
- Advance strengthening exercises
- Balance and proprioception exercises

Goals:

- Reduce pain and inflammation
- Protect the surgical repair
- Full knee range of motion
- Progress limb strength

- Normal gait pattern

Exercise Progression:

- Progress closed chain single and double limb strength as able
 - Avoid patellofemoral provocative exercises – lunges, open chain leg extension)

Phase 4 – Advanced Strengthening, Running Progression, and Plyometric Training

Months 6 to 9

- Administer preliminary function test at 6 months for physician to review
- Initiate straight line jogging at 6 months if proper biomechanics are demonstrated and symmetry on function test
- Initiate plyometric training in double limb with gradual progression to single limb
- Advance strengthening program
- Able to return to low-impact recreational activities (walking, biking, elliptical, swimming)

Goals:

- No swelling
- Full range of motion
- Normal gait pattern
- Symmetrical strength and power

Exercise Progression:

- Single limb closed chain strengthening
- Proprioception drills
- Basic ladder series
- Linear jogging progression
- Basic plyometric box progression
- Gym strengthening progression

Phase 5 – Return to Sport

Months 9 to 12

- Progress plyometric training to single limb, multi-plane, change of direction, and deceleration
- Advance strengthening program
- Administer return to sport function test prior to 12 month follow-up with physician

Goals:

- No swelling
- Full range of motion
- Normal gait pattern

- Symmetrical strength and power

Exercise Progression:

- Advanced ladder series
- Change of direction with running and jumping
- Sport specific field/court drills
- Gym strengthening progression

Criteria for return to play:

- Follow-up examination with the physician
- Pass return to sport function test at >90% (involved vs uninvolved limb)
- Display symmetry and confidence in high-speed cutting, multi-plane plyometric drills, sprinting, and decelerating

Anticipated return to sport:

- 12 months for contact and non-contact athletes