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**Physical Therapy Prescription
 Osteochondritis Dissicans**

Patient Name: _____ **Today's Date:** _____ **Surgery Date:** _____

DOB: _____ **Sex:** _____

Dx: s/p (LEFT / RIGHT) Knee Osteochondritis Dissicans Drilling

Week 0 - 4

- Ice / Massage / Anti-Inflammatory Modalities
- Ambulate TTWB in Bledsoe Brace locked @ 0°
- Limit ROM to 30° for 6 weeks unless otherwise indicated by surgeon
- Range of Motion Active / Active-Assisted / Passive
- Home CPM 1-2 hrs / session, TID for 6 weeks if indicated by surgeon
- LE musculature mobilization and stretching
- Gradual Progression of Resistance Exercises in Flexed Knee, OKC only
- Quadriceps Strengthening
- Hamstring, Gluteal, and lateral hip strengthening
- Begin Straight Leg Raises (Knee at 0°)
- Quad Isometrics
- UBE for cardiovascular training
- Heel chord stretching
- Electrical Stimulation for Quadriceps
- Hydrotherapy once incisions are fully closed

Week 4-6

- No restrictions on motion after 6 weeks.
- Begin PWB until 6 weeks post op based on pain and quad control. Continue with brace locked in extension and crutches
- May begin weight shift exercises on stable surface in full extension under PT supervision
- Core and hip strength and endurance

Week 6-12

- May discontinue use of brace. No motion restrictions in OKC or CKC. FWB as tolerated
- Begin full arc CKC strength focused on quadriceps, hamstring and gluteal muscle groups
- Progress proprioception to unstable surface with perturbations
- Assess posture and functional movement patterns. Corrective exercise as needed
- Progress core and hip strength and endurance
- Okay to begin frontal plane CKC strength, avoid pivoting
- Continue to work on joint mobility, single and multiple

Week 12+

- Continue CKC strength
- Begin light agility drills in frontal and sagittal plane only, no pivoting until 4.5 – 5 months post op
- Progress to multi planar core strengthening
- May begin in line jogging if eccentric step down is symmetric
- Okay to begin Olympic lifting and triple extension exercises at 4.5 months post op

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks Home Program

Physician's Signature: _____ **M.D.**