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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 Internal Fixation**

**Modalities:**

**Week 0 - 4**

- Ice / Massage / Anti-Inflammatory Modalities
- Ambulate TTWB in Bledsoe Brace locked @ 0°
- Limit ROM to 90° 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
- Hamstring, Gluteal, and lateral hip strengthening, OKC only
- Begin Straight Leg Raises (Knee at 0°)
- Quad Isometrics
- UBE for cardiovascular training
- Heel chord stretching
- Electrical Stimulation for Quadriceps

**Week 4-6**

- No restrictions on motion after 6 weeks.
- Continue TTWB until 6 weeks post op, full weight bearing by 8 weeks
- May begin weight shift exercises on stable surface in full extension
- Core and hip strength and endurance

**Week 6-12**

- May discontinue use of brace. No motion restrictions in OKC or CKC
- 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

**Hardware removal between 8 and 10 weeks post-op**

**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

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_ **M.D.**