

RJAH Femoral Condyle OATS Rehab Guide

Patient Details:

Co-morbidity:

Note to Therapist:

**This is a guide to progression, not an exhaustive list of rehabilitation and does not replace clinical reasoning.*

**Treat any soft tissue symptoms on their merit.*

**Objective Tests can be used as an indication for progression.*

**Special Instruction(s) includes specific post-operative advice for the individual patient based on their surgeon's recommendation (as applicable). This will be completed on discharge or follow-up clinic appointments.*

**Please note progression will be based in the individual's starting point and goals. For example, if they have not attempted to run for more 12 months prior to the surgery, they might not be able to progress to running by Week 8.*

PHASE OF REHABILITATION	IDEAL CRITERIA	REHABILITATION GUIDE	GOALS	OBJECTIVE TEST	SPECIAL INSTRUCTION
PHASE 1 From Day 1	<ul style="list-style-type: none"> ○ Successful operative outcome. ○ Adequate pain relief. ○ Understands post-op instructions. 	<ul style="list-style-type: none"> ● Cryocuff/ Ice. ● CPM if available. ● Active-assisted and active F and E exercises. ● EOR E mobilisations. ● H and calf stretches. ● Ankle Exercises (e.g. heel raises). ● SQ progressing to SLR. ● Heel slides (0°-90°). ● Co-contraction Q and H. ● Prone SLR. ● PWB with elbow crutches for comfort. 	<ol style="list-style-type: none"> 1. Reduce inflammation. 2. Gain terminal E. 3. Promote distal circulation. 4. Gradually regain ROM. 5. Increase confidence. 6. Promote early mobility. 		<p>Check if any specific post-op instructions have been given and amend the guide accordingly.</p>

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<p>PHASE 2</p> <p>From Week 1</p>	<ul style="list-style-type: none"> ○ Full active and passive E. ○ ≥45° F. 	<ul style="list-style-type: none"> • Abductor/ Adductor/ Gluteal exercises. • Isometric Q in HE. • Static Bike or Turbotrainer no/low resistance as tolerated (part revolution → full revolution as symptoms dictate). DO NOT use cleats or clips on pedals. • Gradually increase weight-bearing. Progress to one EC by week 5. Earlier progression, if instructed by surgeon. • Other muscle groups not to be neglected • Upper body active exercise → resis/reps/sets/speed. • Soft tissue mobilisations. • Hydrotherapy. • Early PWB plyometrics. 	<ol style="list-style-type: none"> 1. Promote early function. 2. Protect micro# site. 3. Aid joint nutrition. 4. Prevent adhesions. 5. Increase ROM. 6. Improve muscular control. 	<p>AROM.</p> <p>PROM.</p> <p>SLR.</p> <p>Clam.</p> <p>Planks.</p>	

PHASE OF REHABILITATION	IDEAL CRITERIA	REHABILITATION GUIDE	GOALS	OBJECTIVE TEST	SPECIAL INSTRUCTION
<p>PHASE 3</p> <p>From Week 6</p> <p>Cont'd overleaf...</p>	<ul style="list-style-type: none"> ○ FWB. ○ SLR no lag. ○ AROM = Full E - $\geq 100^\circ$. ○ Clams 10 reps with 10 sec hold ideal control [L] & [R]. ○ Directional Planks 30 sec hold ideal control. 	<ul style="list-style-type: none"> ● Prone auto-over press F \rightarrow develop into Q stretch. ● Gait with predictable changes in direction. ● Lunges $<45^\circ$ (aim for ideal alignment and control). ● Bridges (aim for ideal alignment and control). ● Proprioception \rightarrow single leg stance/wobble boards/Trampoline/crash mats/etc. ● Gymball and Theraband work. ● Step-ups (for/ back/ sideways/ over) \rightarrow height/ reps/ speed. ● PWB (parallel bars) jumps, hops, leaps \rightarrow control technique/speed/reps. <p><i>Sequencing of training:</i></p> <ul style="list-style-type: none"> ● Train 3 – 4 x per week. ● Train strength and endurance on separate days. ● Have a minimum of 24 hours between strength days. ● Choose numbers of sets and rest time between sets. ● Alternate upper/ lower body exercises within session. ● Speed of contraction should be moderate to fast, but controlled. 	<ol style="list-style-type: none"> 1. Progress functional activities. 2. Prevent AKP. 3. Prevent scar adherence. 4. Prevent joint stiffness. 5. Restore normal gait pattern. 6. Promote appropriate muscle strength, power and endurance. 7. Improve neuromuscular/ proprioception/ sensorimotor performance. 8. Maintain cardiovascular fitness. 9. Encourage patient compliance. 	<p>AROM.</p> <p>PROM.</p> <p>Single Leg Stance.</p> <p>Single Leg Squat 60°.</p> <p>Effusion.</p>	

PHASE 3

From Week 6

Cont'd.

- Vary load/set/rest between sessions.
- Adjust if necessary based on symptoms.
- *Strength:*
10 – 20 min CV warm-up (exception of jogging/ running).
Choose a load 1 – 12 RM.
- *Endurance:*
Gradually progress toward ≥ 45 min continuous CV exercise (exception of jogging/ running).
- Choose a load 15 – 20 RM.
- Muscle balance exercises as appropriate.
- Core stability exercises as appropriate.
- Flexibility exercises as appropriate.

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PHASE 4 From Week 8	<ul style="list-style-type: none"> ○ Normal symmetrical gait ○ AROM = Full E - $\geq 100^\circ$. ○ Single leg stance $\geq 80\%$ parity. ○ Single Leg Squat 60° 5 sec hold with good alignment. ○ No/ minimal effusion. ○ No/ minimal pain. 	<ul style="list-style-type: none"> • Gradually progress from PWB to FWB and double footed to single footed plyometrics as dictated by neuromuscular control, pain and swelling. • Introduce jogging \square running when strength, neuromuscular control, pain and swelling is adequate. 	<ol style="list-style-type: none"> 1. Promote appropriate strength, power and endurance based on individual's needs. 2. Improve neuromuscular performance. 3. Increase confidence. 	<p>AROM.</p> <p>PROM.</p> <p>5 RM.</p> <p>Vertical Jump.</p> <p>Hop for distance.</p>	
Phase 5 From Week 12	<ul style="list-style-type: none"> ○ No/ minimal effusion ○ Full pain free AROM ○ 5 RM $>80\%$ parity ○ Hop for distance $>80\%$ parity 	<ul style="list-style-type: none"> • Progress from jog \rightarrow run \rightarrow sprint • Add agility drills when sufficient control and confidence is achieved e.g. twist/ turn/ pivot/ cut/ accelerate/ decelerate/ direction. Progress from predictable agility to unpredictable • Advance dynamic proprioceptive exercises e.g. volleying football, throwing, catching, racket and ball while balancing on Trampette. • Perturbation training e.g. therapist randomly nudges patient off balance during a single leg throw-catch drill. • Sport specific training \rightarrow terrain/ volume/ periodisation. 	<ol style="list-style-type: none"> 1. Prepare neuromuscular and psychological ability to return to unrestricted function. 	<p>As indicated for individuals goals.</p>	

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PHASE 6 From Week 16+	<ul style="list-style-type: none"> ○ All Tests > 90% parity. ○ Dependent on Consultant's approval. 	<ul style="list-style-type: none"> ● Earliest return to contact sport training ● Progress to full restriction free sports and activities. 	<ol style="list-style-type: none"> 1. Unrestricted confident function. 2. Injury prevention. 	Full sporting function.	

Terminology Key:

Abd	Abduction	[L]	Left
Add	Adduction	OKC	Open Kinetic Chain
AKP	Anterior Knee Pain	PWB	Partial Weight Bear
AROM	Active Range of Movement	PROM	Passive Range of Movement
CV	Cardiovascular	Q	Quadriceps
E	Extension	[R]	Right
Ecc	Eccentric	reps	Repetitions
EOR	End of Range	resis	Resistance
F	Flexion	RM	Repetition Maximum
FWB	Full Weight Bear	ROM	Range of Movement
H	Hamstrings	SLR	Straight Leg Raise
IRQ	Inner Range Quadriceps	SQ	Static Quadriceps