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OCD lesion protocol

Patient_____
DOS_____

WEEKS 1-2	WEEKS 3-4	WEEKS 5-6	WEEKS 7	WEEK 8+
NWB in splint. Boot at first post-op visit. Heel Slides Quadriceps Sets Gluteal Sets Hip and Knee open chain strengthening Initiate PT, 2-3x/week for edema, pain control. AROM: dorsiflexion plantarflexion inversion eversion toe curls Compressive stocking as needed for swelling control. Physical therapy is initiated early to promote blood flow, early ROM and healing, decrease swelling and pain, and promote a steady progress of exercise, gait and balance.	Progress WB per MD and healing. Boot to ASO. Sitting toe and heel raises PROM all directions After stitches are removed, start gentle scar mobilization. Bike	Progress WB per MD. ASO and supportive shoes. Control impact stress. Continue with edema control Scar mobilization Ankle isometrics Inv, Ev, DF, PF Total gym double leg low level or double leg leg press, low weight Sitting BAPS board	Progress ROM. Avoid stressing the joint. Progress strengthening of Quad, Hamstring and Hip groups Add resistance for Inv, Ev, DF, PF Double leg balance/ proprioception Standing BAPS board Wall squats/ sits Double leg raises Gait activities	Lateral and front step-ups Single leg stance ****No impact and loading the joint for 3 months.**** Plyometrics and agility as needed Treadmill Elliptical Address functional activity demands. Functional testing per MD, for strength, balance and agility.
Any Questions? Please contact: **Northwoods Therapy Associates** Altoona, WI Chippewa Falls, WI (715) 839-9266 (715) 723-5060 Reviewed September 2015		**Please note: OCD lesion repairs will most likely accompany another procedure such as lateral stabilization. Follow the OCD protocol for ROM, and the lateral stabilization protocol for strengthening and balance. When in doubt, follow the more conservative protocol.**		