

Osteochondritis Dissecans Fixation Protocol

Osteochondritis dissecans occurs when there is separation of an articular cartilage subchondral bone segment from the remaining articular surface. It occurs most commonly in the knee with the medial femoral condyle the most common site. Surgery is indicated when lesions are unstable. Internal fixation is then required to fix the loose fragment into position. A second operation is needed to remove the fixation material when there is evidence of radiological union.

Immediately Post-op:

- Active assisted knee flexion – sliding board.
- CPM applied (if assessed as necessary).
- Strength - Static quads and Inner range quads. Hip abduction/extension.
- Calf stretches.
- **Non-weight bearing with elbow crutches.**

2-6 weeks:

- Continue **non-weight bearing.**
- Manage pain and swelling.
- **Increase AROM and PROM.**
- Quads and hamstring stretches.
- Static Bike.

6 weeks +:

- Gradually increase weight bearing to **FWB.**
- Gait re-education.
- Strength – CKC exercises and add resistance as tolerated.
- **No impact activities (e.g. running, aerobics) or sports permitted until fixation material has been removed.**

3-9 months:

- Day case readmission when x-ray shows healing. Removal of fixation by arthroscopy if possible.
- 10-14 days for wounds to heal then return to all desired activities.
- Graduated return to sports through gym rehabilitation.

* Long term follow-up with x-rays.

Written by:
Ratified by:

Mr Phil Ellison, Orthopaedic Physiotherapy Specialist
Professor MJ McNicholas, Consultant Orthopaedic Surgeon

Date last reviewed:

February 2015