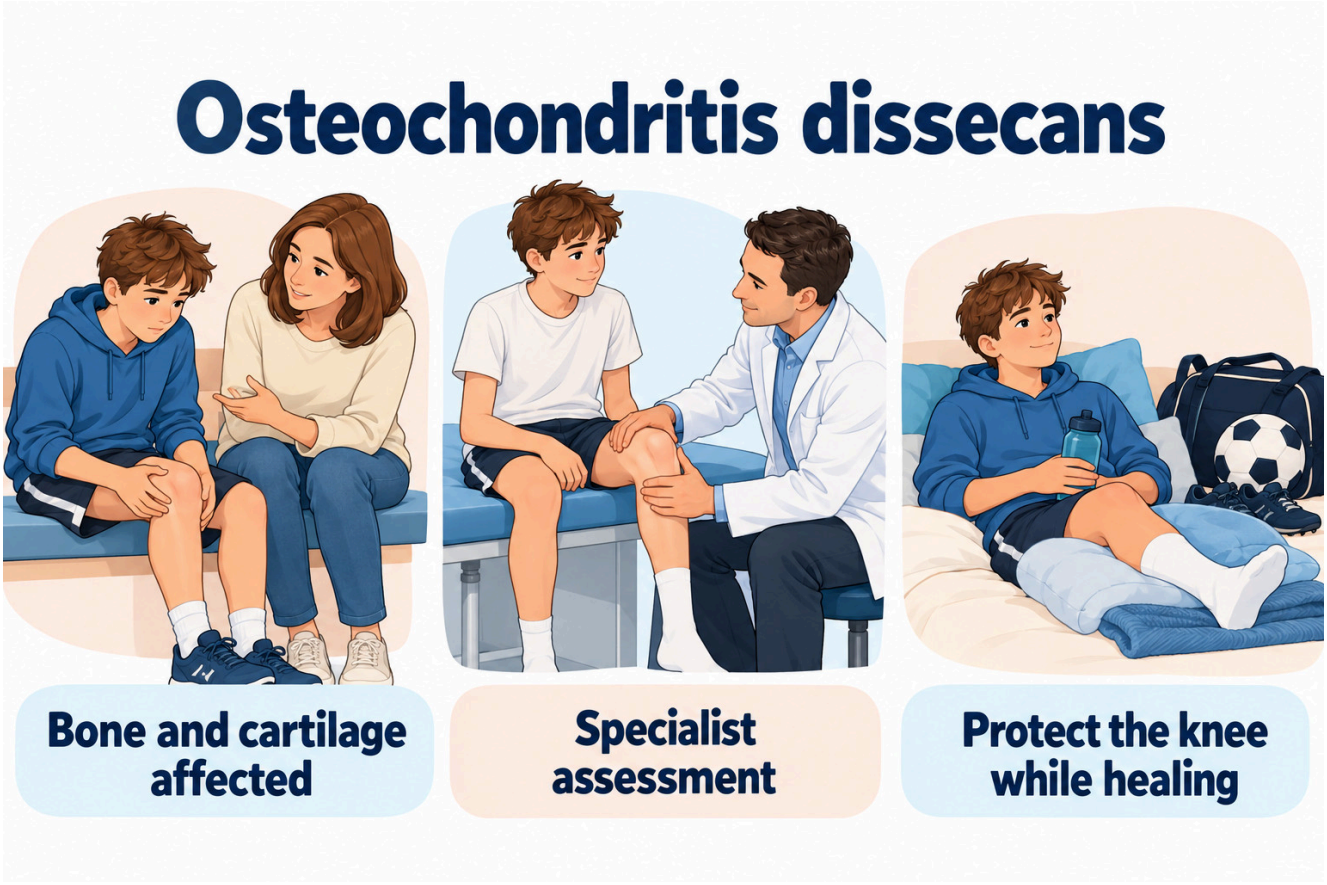
Osteochondritis Dissecans

Information for children, parents and carers

Osteochondritis Dissecans

A guide to symptoms, treatment and recovery



Understanding the condition

Osteochondritis dissecans (OCD) affects a small area of bone and overlying cartilage inside the knee. Reduced blood supply can damage the area, which may become loose or separate. It commonly affects active adolescents.

Supporting your child

Treatment depends on age, the size and stability of the affected area, and symptoms. Protecting the knee and following specialist advice supports healing. Return to sport requires clinical clearance.

Symptoms and assessment

Understanding the cause and when to seek help

Who is affected and why?

OCD often affects young athletes aged 10-18. The exact cause is uncertain; repetitive joint stress, growth, alignment and reduced blood supply may contribute. It is not an infection.

Common symptoms

Front or inner knee pain, swelling after activity, stiffness, catching, clicking, locking or giving way. A limp may follow sport. Early symptoms can come and go.

Assessment and imaging

The clinician examines swelling, movement, stability and painful areas. X-rays show bone changes, and MRI helps assess the cartilage and stability of the lesion. CT is occasionally used for bone detail.

Why stability matters

A stable lesion remains attached; an unstable area may be loose or detached. This affects activity restrictions and whether conservative care or surgery is appropriate. Follow the specialist's individual plan.

When to seek further help

Contact the team for worsening or persistent pain, increasing locking or giving way, swelling that does not settle, difficulty bearing weight or walking, or symptoms returning after sport.

Key message

Treatment depends on age, the size and stability of the affected area, and symptoms. Protecting the knee and following specialist advice supports healing. Return to sport requires clinical clearance.

Treatment and daily care

Activity guided by your child's healthcare team

Before starting activity

Begin exercise only when your specialist or physiotherapist advises it. Activity, loading and movement restrictions depend on lesion stability and any treatment or surgery.



Activity guidance

Plan: agree safe activity and loading with the team.
Strength: thigh, hamstring, hip and core work only as prescribed.
Movement: use gentle range-of-motion work within restrictions.
Sport: return gradually only when cleared.

Important precautions

Do not force a locked knee or push through swelling or pain. Ask for review if walking becomes difficult, locking or giving way increases, or symptoms return after sport.

Treatment and next steps

Caring for your child and finding support

Conservative care

Stable lesions in growing children may be treated with reduced impact activity, physiotherapy and sometimes a brace. Healing can take 3-6 months, with follow-up imaging if advised. Follow the prescribed activity limits.

Comfort and rehabilitation

Suitable pain relief and wrapped cold packs may help flare-ups. Physiotherapy can support strength, movement and control, but exercises must fit the specialist's restrictions. Do not resume running, jumping or twisting early.

When surgery is considered

An unstable or detached area, ongoing symptoms or mechanical problems may lead to surgery. Options include drilling, fixation, removing loose fragments or cartilage restoration. Your surgeon chooses the appropriate approach.

Questions or concerns?

Report worsening pain, persistent swelling, locking, catching, giving way or walking difficulty. Many stable childhood lesions heal well, but recovery and return to sport depend on clinical review and clearance.

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