



JRF ORTHO

2025 Q3–Q4 HIP AND ELBOW
OSTEOCHONDRAL ALLOGRAFTS

HIP AND ELBOW OSTEOCHONDRAL ALLOGRAFTS CLINICAL SNAPSHOT: KEY FINDINGS FROM RECENT LITERATURE

Osteochondral Allograft Transplantation of the Femoral Head via Surgical Hip Dislocation: Survivorship and Patient Reported Outcome Measures at Minimum 2-Year Follow-Up

Orthop J Sports Med. 2025 Oct

Uppstrom TJ, Khilnani TK, Trotzky Z, Jochl O, Spiker AM, Williams RJ, Ranawat AS, Kelly BT, Gomoll AH, Sink EL

- This case series evaluated fresh osteochondral allograft (OCA) transplantation of the femoral head using allografts from JRF Ortho across a range of hip pathologies.
- At a mean follow-up of 47.9 months, all patient-reported outcomes significantly improved.
- Conversion to hip arthroplasty occurred in 25% of patients at a mean of 3.8 years, with greater allograft depth correlating with failure and conversion to hip arthroplasty, while lesion size, number of plugs, prior hip surgery, sex, and age did not.

JRF ORTHO TAKEAWAY:

OCA transplantation to the femoral head is a useful treatment for a variety of hip pathologies. JRF Ortho provides fresh femoral heads as well as 10, 12, 16, and 20mm cores to support surgeon preference and timeline.

Osteochondral Allograft Transplant for Capitellar Osteochondritis Dissecans: Excellent Patient-Reported Outcome Scores and High Return to Sport at Minimum 2-Year Follow-up

Am J Sports Med. 2025 Oct

Perkins CA, Busch MT, Egger AC, Liu K, Yuder E, Kim J, Choudhary S, Willimon SC

- This prospective case series evaluated 28 elbows in young, competitive athletes who underwent Precut Fresh OCA Cores (OCA Cores) transplantation from JRF Ortho for capitellar osteochondritis dissecans.
- Postoperative MRI in 19 elbows demonstrated allograft incorporation. Return-to-sport was 82% at 1 year and 96% at 2 years, with significant improvements in patient-reported outcomes at a mean follow-up of 40 months.

JRF ORTHO TAKEAWAY:

OCA Cores for capitellar reconstruction yield excellent patient-reported outcomes and high return-to-sport rates. These readily available allografts provide surgeons with an efficient option for treating capitellar OCD in athletic patients.

2025 Q3–Q4 HIP AND ELBOW
OSTEOCHONDRAL ALLOGRAFTS**Osteochondral Allograft and Autograft Transplant for Femoral Head Defects:
A Multicenter Study**

Am J Sports Med. 2025

Clark SC, Nagelli CV, DeNovio A, Economopoulos KJ, Hevesi M, Sierra RJ, Krych AJ.. *Am J Sports Med*

- This study compared osteochondral allograft (OCA) versus osteochondral autograft (auto OATS) transplantation for femoral head defects. Allografts were sourced from fresh femoral heads (57.9%), lateral femoral condyles (36.8%), and medial femoral condyles (5.2%). There were no significant differences in outcome scores between groups, despite larger mean defect size in the OCA cohort.
- Conversion to total hip arthroplasty occurred in 21.1% of OCA patients at a mean of 1.9 years, primarily in patients with preoperative avascular necrosis or Legg–Calvé–Perthes disease.

JRF ORTHO TAKEAWAY:

Femoral head OCA transplantation can improve function and delay hip arthroplasty in appropriately selected patients. Comparable outcomes were observed whether allografts were sourced from the femoral head or femoral condyle, supporting the use of femoral condyle OCAs as a practical alternative when femoral head allograft availability is limited.