



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

OSTEOCHONDRAL ALLOGRAFT TRANSPLANTATION (OAT) WITH MENISCUS ALLOGRAFT TRANSPLANTATION (MAT) AND DISTAL FEMORAL OSTEOTOMY (DFO)

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ Date of Surgery: _____

____ Evaluate and Treat _____ Provide patient with home program

Frequency: x/week x weeks

	WEIGHT BEARING	BRACE	ROM	EXERCISES
PHASE I		Locked in full extension at all		Heel slides, quad sets, patellar mobs, SLR, calf pumps at home
0-2				



weeks		times* Off for hygiene and home	CPM 0-90 [°]			
		exercise only				
PHASE	2-6 weeks: Non-WB	2-6 weeks : Locked 0-90°	Advance as	2-6 weeks : Add side-lying hip and core, advance quad set and stretching**		
II		LUCKEU U-90		6-8 weeks: Addition of heel raises,		
2-8 weeks	6-8 weeks: Advance 25% weekly until full	ce 25% Discontinue to protect post hore		total gym (closed chain), gait normalization, eccentric quads, eccentric hamstrings		
				Advance core, glutes and pelvic stability		
PHASE III 8-12 weeks	Full	None	Full	Progress closed chain activities Advance hamstring work, lunges/leg press 0-90° only, proprioception/balance exercises Begin stationary bike		
PHASE IV 12-24 weeks	Full	None	Full	Progress Phase III exercises and functional activities: walking lunges, planks, bridges, swiss ball, half- bosu exercises Advance core/glutes and balance		
PHASE						
V 6-9 months	Full	None	Full	Advance all activity w/o impact such as running, jumping, pivoting, sports until cleared by MD		

*Brace may be removed for sleeping after first post-operative visit (day 7-14) **Avoid any tibial rotation for 8 weeks to protect meniscus

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient _____ would ____ would not benefit from social services.

Date	:		_

Bryan M. Saltzman, MD

