Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

OSTEOCHONDRAL ALLOGRAFT TRANSPLANTATION (OAT) WITH MENISCUS ALLOGRAFT TRANSPLANTATION (MAT) AND HIGH TIBIAL OSTEOTOMY (HTO)

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 0-2	Non-weight bearing	Locked in full extension at all times*	Gentle passive 0-90°	Heel slides, quad sets, patellar mobs, SLR, calf pumps at home

weeks		Off for hygiene and home exercise only	CPM 0-90°	
PHASE II 2-8 weeks	**2-6 weeks:** Non-WB **6-8 weeks:** Advance 25% weekly until full	**2-6 weeks**: Locked 0-90° Discontinue brace at 6 weeks	Advance as tolerated w/ caution during flexion >90° to protect post horn of meniscus	**2-6 weeks**: Add side-lying hip and core, advance quad set and stretching** **6-8 weeks**: Addition of heel raises, 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