



# Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

# OSTEOCHONDRAL ALLOGRAFT TRANSPLANTATION (OAT) TO FEMORAL CONDYLE

### PHYSICAL THERAPY PROTOCOL

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atient Name:	Date of Surgery:
_ Evaluate and Treat	Provide patient with home program
Frequency:	x/week xweeks

- **Brace:** Locked in extension at all times except for hygiene and exercises.
  - o May discontinue while sleeping at 4 weeks if terminal extension reached.



#### • ROM:

- o CPM: 6-8 hrs/day, 1 cycle/minute, starting with a ROM that is comfortable for the patient. Start POD1.
- Goals: Advance motion 5-10° each day as tolerated within the following guidelines
  - 0-2 weeks: 0-40°2-4 weeks: 0-90°
- 4-6 weeks: 0-120°
  Goal: full ROM by week 6.
- Therapeutic exercises (all NWB):
  - o Gentle patellar mobilizations: 5-10minutes daily
  - o Electric stimulation for quad control
  - Ouad Sets
  - o Isometrics for quads and hamstrings
  - o Ankle/hip strengthening
  - **0-2 Weeks:** 
    - Quad sets, SLR, calf pumps, passive leg hangs to 90° at home
    - Gentle passive, active-assisted and active non-weightbearing (heel slides) ROM, hamstring and gastric stretches, calf pumps, quad sets/SLR, edema and pain control, *full passive extension*
  - 2-6 Weeks:
    - PROM/AAROM to tolerance, patella and tibiofibular joint mobs, quad, hamstring, and glut sets, SLR, side-lying hip and core
    - Prevent quad inhibition, AA/PROM pain free, towel extension, patella mobilization, quad re-education, SLR in all planes, LE flexibility exercises

# \_ Phase II (6-12 wks): *Transition phase*.

- **Weight Bearing:** Gradual return to full weight bearing (WBAT). Continue crutch use, but increase weight bearing gradually, (~25% each week). WBAT without crutches by week 12.
- **Brace:** Discontinue once WBAT and able to perform 10 SLR without lag
- **ROM:** Discontinue CPM and progress to full active and passive ROM.
- Therapeutic Exercises:
  - As above.
  - o Avoid descending stairs reciprocally, avoid painful activities
  - o No running
  - o Begin closed chain strengthening once full weight bearing
  - o Gait training, begin closed chain activities: wall sits, shuttle, mini-squats, toe raises
  - o Begin unilateral stance activities, balance training

\_\_ Phase III (3-6 months): Advanced Conditioning.

• **ROM:** Continue full active ROM.



# **Therapeutic Exercises:**

- o As above with progressive resistance.
- o Begin treadmill walking at a slow pace and progress to balance/proprioception.
- o Light plyometrics initiated at 4 months, once full quadriceps and hamstring strength achieved
- o Isokinetic testing at 4 months
- o Progress squat program, initiate step down program
- o May advance to elliptical, bike, pool as tolerated
- No running until <u>5 months</u>:
  - At that time, running may begin if strength > 70% contralateral
  - No agility training until strength > 90% contralateral
- o Criteria to start running program: walk with normal gait for 20 minutes, pain free ADLs, ROM > 0-125°, open chain extension to 40°, hamstring and quad strength >70% contralateral side, no pain, no edema, no crepitus, no giving-
- o Maximize core/glutes, pelvic stability work, eccentric hamstrings

## Phase IV (6+ months): Sport-focused conditioning.

- **ROM:** Continue full active ROM.
- Goals: Maximize strength and flexibility to meet sporting demands, no apprehension with sport specific movements
- **Therapeutic Exercises:** 
  - Advance functional activity
  - o Return to sport-specific activity and impact when cleared by MD after 8 months
  - o Criteria to return to sports:
    - Full pain free ROM
    - Normal isokinetic evaluation and function tests
    - ut

Modalities	Electrical Stimulation	Ultrasound
Heat before/after	Ice before/after exercise	Omasound
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may participate in a	quatherapy after week three, beg	in aqua-running week t



Date:	

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