



OSTEOCHONDRAL ALLOGRAFT TRANSPLANTATION (OAT) TO FEMORAL CONDYLE

PHYSICAL THERAPY PROTOCOL

Bryan M. Saltzman, M.D.

OrthoCarolina

Assistant Professor of Orthopaedic Surgery, Atrium Health

Sports Medicine & Shoulder/Elbow

1915 Randolph Rd, Charlotte, NC 28207

704-323-3000

www.BryanSaltzmanMD.com

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 0-6 weeks	Heel touch	0-2 week: Locked in full extension at all times Off for CPM and exercise only Discontinue after 2 wks	0-6 weeks: Use CPM for 6 hours/day, beginning at 0- 40°; advance 5- 10° daily as tolerated	0-2 weeks: Quad sets, SLR, calf pumps, passive leg hangs to 90° at home 2-6 weeks: PROM/AAROM to tolerance, patella and tibiofibular joint mobs, quad, hamstring, and glut sets, SLR, side-lying hip and core
PHASE	Advance	None	Full	Advance Phase I exercises



II 6-8 weeks	25% weekly until full			
PHASE III 8-12 weeks	Full	None	Full	Gait training, begin closed chain activities: wall sits, shuttle, mini-squats, toe raises Begin unilateral stance activities, balance training
PHASE IV 12 weeks - 6 months	Full	None	Full	Advance Phase III exercises; maximize core/glutes, pelvic stability work, eccentric hamstrings May advance to elliptical, bike, pool as tolerated
PHASE V 6-12 months	Full	None	Full	Advance functional activity Return to sport-specific activity and impact when cleared by MD after 8 mos

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: _____

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