



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

INTRAOSSEOUS BIOPLASTY (IOBP) OF THE KNEE

PHYSICAL THERAPY PROTOCOL

Bryan M. Saltzman, M.D.

Chief, Division of Sports Medicine & Shoulder/Elbow Surgery

Indiana University Health Physicians

Assistant Professor of Orthopaedic Surgery, Indiana University

Sports Medicine, Cartilage Restoration, Shoulder/Elbow Surgery

IU Health Methodist Medical Plaza North (MSK) – 201 Pennsylvania Pkwy #100,
Carmel, IN 46280

IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202
317-944-9400

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	Non-weight bearing*	On at all times during day and	0-90° at home	Calf pumps, quad sets SLR in brace, modalities



0-3 weeks		while sleeping Off for hygiene		
PHASE II 3-6 weeks	Toe-Touch WB	On at all times during day and while sleeping Off for hygiene	Maintain full extension and progress flexion to full	Progress non-weight and toe-touch weightbearing flexibility, modalities Begin floor-based core and glutes exercises Advance quad sets, patellar mobs, and SLR; open chain knee strengthening
PHASE III 6 weeks - 12 weeks	Advance and progress to full with normalized gait pattern	Transition out of brace once full-WB and quad strength allows (can SLR)	Full	Continue open-chain strengthening, advance closed chain quads bilateral and unilateral, progress balance, core/pelvic and stability work Begin stationary bike at 6 weeks Advance SLR, floor-based exercise; hip/core *No running, jumping, squatting, stairs or inclines
PHASE IV 12-16 weeks	Full	None	Full	Progress flexibility/strengthening, progression of functional balance, core, glutes program Advance bike, add elliptical at 12 wks as tolerated Progress running, jumping, squatting, stairs, inclines, swimming
PHASE V 16-24 wks	Full	None	Full	Advance Phase IV activity Progress to functional training, including impact activity after 20 wks when cleared by MD

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

