



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

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



I		times*	90°	
0-2 weeks		Off for hygiene and home exercise only	CPM 0-90°	
PHASE II	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	Full	None	Full	Progress closed chain activities Advance hamstring work, lunges/leg press 0-90° only, proprioception/balance exercises Begin stationary bike
PHASE IV	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	Full	None	Full	Advance all activity w/o impact such as running, jumping, pivoting, sports until cleared by MD
6-9 months				

*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

