



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

OSTEOCHONDRAL ALLOGRAFT TRANSPLANTATION (OAT) **WITH 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	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 6 hrs/day; begin 0-40° and advance 5-10° daily as tolerated	
PHASE II	2-6 weeks: Non-WB	2-6 weeks: Locked 0-90°	Advance as tolerated	2-6 weeks: Add side-lying hip and core, advance quad set and stretching**
2-8 weeks	6-8 weeks: Advance 25% weekly until full	Discontinue brace at 6 weeks	CPM continues 6 hrs/ day 0-90°	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				Progress closed chain activities
8-12 weeks	Full	None	Full	Advance hamstring work, lunges/leg press 0-90° only, proprioception/balance exercises
				Begin stationary bike
PHASE IV				Progress Phase III exercises and functional activities: walking lunges, planks, bridges, swiss ball, half-bosu exercises
12-24 weeks	Full	None	Full	Advance core/glutes and balance
PHASE V				Advance all activity w/o impact such as running, jumping, pivoting, sports until cleared by MD
6-9 months	Full	None	Full	

*Brace may be removed for sleeping after first post-operative visit (day 7-14)

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

