



**OSTEOCHONDRAL ALLOGRAFT TRANSPLANTATION (OAT)
WITH MENISCUS ALLOGRAFT TRANSPLANTATION (MAT)**

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 I 0-2 weeks	Heel touch only	Locked in full extension at all times* Off for hygiene and home exercise only	Gentle passive 0-90° CPM 0-90°	Heel slides, quad sets, patellar mobs, SLR, calf pumps at home
PHASE II 2-8	2-6 weeks: Heel touch only	2-8 weeks: Locked 0-90° Discontinue	Advance as tolerated w/ caution during flexion >90° to protect post horn	2-6 weeks: Add side-lying hip and core, advance quad set and stretching**



weeks	6-8 weeks: Advance 25% weekly until full	brace at 8 weeks	of meniscus	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 8-12 weeks	Full	None	Full	Progress closed chain activities Advance hamstring work, lunges/leg press 0-90° only, proprioception/balance exercises Begin stationary bike
PHASE IV 12-24 weeks	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 6-9 months	Full	None	Full	Advance all activity w/o impact such as running, jumping, pivoting, sports until cleared by MD

*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