

OATS Allograft Protocol

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

***Range of motion is an important progression of therapy, but limiting swelling is important.
Respecting swelling will decrease pain and improve motion.***

CPM: 2-3x a day for 2 hrs, start 0-40° increasing 5-10° per day as tolerated; goal 100° by 6 wks

	Weight Bearing	Brace	ROM	Therapeutic Exercise
Phase I 0-6 weeks	NWB	Week 0-1: brace locked in full extension Weeks 2-4: open brace by 20 degree increments DC brace once independent SLR without extensor lag	Initiate ROM	Gentle patellar mobs, AROM/PROM as tolerated, quad/hamstring sets, 4 way SLR, hamstring stretches *Monitor incision *Ice/Elevate for swelling
Phase II 6-8 weeks	Partial weight bearing	None	Achieve ROM 0-130	ROM: prone hangs, flexinator/extensionator, stationary bike for ROM, PROM, scar mobilizations Strength: continue open chain quad/hamstring since PWB
Phase III 8-12 weeks	WBAT gradually	None	Full ROM	Initiate closed chain strengthening, wall squats, ¼ squats, hell/toe raises, proprioceptive activities, normalize gait

Phase IV 3-6 months	WBAT	None	Full ROM	Advance closed chain exercises and work on SLS activities, return to sport activities
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Comments:

FCE _____ Work Conditioning/Work Hardening _____ Teach HEP _____

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ Date _____