

Rehabilitation Protocol: Osteochondral Autograft Transplant (OATS)



Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-6)

- **Weightbearing:** Non-weightbearing
- **Bracing:**
 - Hinged knee brace locked in extension (week 1) – remove for CPM and rehab with PT
 - Weeks 2-6: Gradually open brace in 20° increments as quad control is obtained
 - D/C brace when patient can perform straight leg raise without an extension lag
- **Range of Motion** – Continuous Passive Motion (CPM) Machine for 6-8 hours per day for 6-8 weeks
 - Set CPM to 1 cycle per minute – starting at 40° of flexion
 - Advance 10° per day until full flexion is achieved (should be at 100° by week 6)
 - PROM/AAROM and stretching under guidance of PT
- **Therapeutic Exercises**
 - Patellar mobilization
 - Quad/Hamstring/Adductor/Gluteal sets – Straight leg raises/Ankle pumps
 - Stationary bike for ROM

Phase II (Weeks 6-8)

- **Weightbearing:** Advance to full weightbearing as tolerated -- discontinue crutch use
- **Range of Motion** – Advance to full/painless ROM (patient should obtain 130° of flexion)
- **Therapeutic Exercises**
 - Closed chain exercises – wall sits, shuttle, mini-squats, toe raises
 - Gait training
 - Patellar mobilization
 - Begin unilateral stance activities

Phase III (Weeks 8-12)

- **Weightbearing:** Full weightbearing
- **Range of Motion** – Full/Painless ROM
- **Therapeutic Exercises**
 - Advance closed chain strengthening exercises, proprioception activities
 - Sport-specific rehabilitation
- Gradual return to athletic activity as tolerated
 - Jogging -- 3 months
 - Higher impact activities – 4-6 months
- Maintenance program for strength and endurance

Comments:

Frequency: ____ times per week

Duration: ____ weeks

Signature: _____

Date: _____