

## Osteochondral Autograft Transplant (OATS) Rehabilitation

PHASE	CONSIDERATIONS	TREATMENTS	GOALS
: Motion and Protection	PT 3 x wk & HEP	PROM/ AAROM-frequent & daily (Biodex or similar)	Normal wound closure
0-6 wks.	Wound Healing  Wear from NMES when able to SLR without lag	Joint Mobilization (I,II) to patella & tibiofibular	Painfree at rest
	Full Extension	Stationary bike for ROM (high seat)	Full extension, flexion to 100 degrees
		Quad NMES at 0 degrees: hamstring stretches	Good quad set
		Multi angle quad sets, hamstring sets, adduction & glute sets	no lag w/ SLR
		Hip strengthening (Theraband or hip machine)	Good patellar mobility
		4 direction leg raises, use surface EMG	Pain and edema controlled
		Ankle pumps, elevation, ice and E-stim as needed	
		Cardiovascular conditioning	
II: Motion and Control	PT 3x per wk + HEP	Progress above; gradually increase flexion	Flexion to 130 degrees
6-8 wks.	Progress to FWB	Gait training	Independent, non-antalgic gait
	Increase painfree ROM	Scar and patellar mobilization	No lag with SLR
	Begin to work on proprioception	Quad and hamstring strengthening	Good VMO tone w/ quad set
	Emphasize heel toe gait	Light closed-chain exercise (RAPS, shuttle, wall sits, mini-squats, calf raises. Theraband kicks, 1-leg balance, plyoball toss)	Good patella & scar mobility
		Aqualatics (ambulation, CKC exercises)	