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OSTEOCHONDRAL AUTOGRAFT TRANSPLANTATION SYSTEM (OATS) PROCEDURE REHABILITATION PROTOCOL

Phase	Restrictions	Therapeutic Exercises
Phase 1: Weeks 0-3	-Patient may only weight bear with the brace locked in extension x6 weeks	-Range of motion 0-60 degrees x3 weeks -Edema Control
Goals: Reduce swelling and edema, minimize pain, retard muscle atrophy, protect the surgical repair, range of motion restoration	-Patient permitted to use crutches as needed -Range of motion 0-60 degrees x3 weeks -Begin isometric quadriceps strengthening immediately	-Pain management -Patellar glides in all directions -Quad sets, straight leg raises -Hip ab/adduction strengthening -Hamstring and calf stretching -Ankle pumps, full ankle range of motion - Modalities PRN
Phase 2: Weeks 3-6 Goals: Reduce swelling and edema, minimize pain, retard muscle atrophy, protect the surgical repair, range of motion restoration	-Patient may only weight bear with the brace locked in extension x6 weeks -Begin increasing range of motion -No aggressive strengthening until 6 weeks	-Range of motion 0-60 degrees. Increase range of motion by 10 degrees per week until 90 degrees is achieved. Continue range of motion 0-90 degrees until 6 weeks s/p -Soft tissue mobilization -Continue with previous exercise programs -Gluteal strengthening: clams, reverse clams, side lying hip abduction, prone hip extension -Modalities PRN
Phase 3: Weeks 6-12 Goals: Full range of motion, minimal pain, increase resistance exercises, restore normal gait pattern, protect graft fixation	-Patient may begin to wean from the brace and crutches -Weight bearing as tolerated -Full range of motion -Begin strengthening	-Progress to full passive, active, and active assisted range of motion by 10 degrees per week until full range of motion is achieved -Progress gluteal strengthening -Progress quad strengthening -Aquatic therapy with emphasis on gait normalization -Hamstring stretches -Stationary biking without resistance once full range of motion is achieved (operative leg along for the ride)

Phase 4: Weeks 12-16	-Unrestricted weight bearing	-Progress strengthening program
	-Unrestricted range of motion	-Begin closed chain strengthening: toe raises, mini
Goals: Proper gait mechanics, improve lower	-Increase strengthening progression	squats, PNF with resistance
extremity strength, full range of motion,		-Progressive resistance exercises (1-5lbs)
neuromuscular control		-Balance exercises
		-Hamstring curls
		-Stationary biking with increasing resistance as
		tolerated
Phase 5: Months 4-6	-Strengthening progression	-Continue and progress previous flexibility and
	-No range of motion or weight bearing restrictions	strengthening activities
Goals: Full pain-free range of motion, no evidence of	-Glute med and max isometric strength to reach	-Functional walk/jog/run progression
patellofemoral joint irritation, strength and	>80% of the contralateral limb	-Forward and backward running progression (1/2, 3/4,
proprioception restoration, power progression		full speed)
	Criteria for progression:	-Progress lower extremity strengthening: squats,
	-No valgus collapse	single leg (elevated split squat, TRX)
	-No femoral adduction/IR rotation pelvic drop or	-Progress dynamic balance
	excessive trunk lean when performing single leg	-Increase aerobic conditioning (elliptical, swimming,
	endurance tasks	biking)
Phase 6: Months 6+	-N/A	-Functional progression including but not limited to:
		 Cutting, crossover, carioca, etc.
Goals: Completion of appropriate functional	Criteria for discharge:	Plyometric exercises as appropriate to
progression, strength maintenance, patient	-Surgeon clearance	patient goals: med ball work, sled drills
education	-Hamstring strength index >90% as compared to	Agility drills: shuffles, ladder footwork, cone
	contralateral limb	drills, z-cuts, w-cuts, multi-planar sport
	-Quadriceps strength index >90% compared to	specific drills
	contralateral limb	· ·
	-Y-Balance anterior reach < 4cm	
	-No complaints of pain or instability	