

# Rehabilitation Protocol: Osteochondral Autograft Transplant (OATS)



Hospital for Joint Diseases  
NYU LANGONE MEDICAL CENTER

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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: \_\_\_\_\_