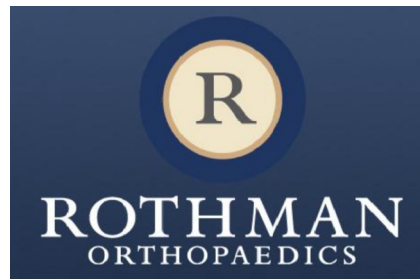


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Osteochondral Allograft Physical Therapy Protocol

Patient Name: _____ Date: _____

Surgery: Right/Left Knee Osteochondral Allograft Transplantation

Date of Surgery: _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

Weeks 0-6

- Toe-Touch (TTWB) x 6 weeks
- Use CPM for 6 hours/day, beginning at 0- 40°; advance 5- 10° daily as tolerated
- Weeks 0-2: Brace locked in extension at all times
- Open hinges on brace at 2 weeks while walking
- Weeks 0-2: Quad sets, SLR, calf pumps, passive leg hangs to 90° at home
- Weeks 2-6: PROM/AAROM to tolerance, patella and tibiofibular joint mobs, quad, hamstring, and glut sets, SLR, side-lying hip and core
- Achilles Tendon Stretching
- Electrical Stimulation for Quadriceps
- Iliotibial Band/Hamstring/Adductor Stretching / Strengthening

Weeks 6-8

- Begin to progress to WBAT, 25% per week, until full by 8-10 weeks

Weeks 8-12

- Gait training, begin closed chain activities: wall sits, shuttle, mini-squats, toe raises
- Begin unilateral stance activities, balance training

Months 3-6

- Advance prior exercises; maximize core/glutes, pelvic stability work, eccentric hamstrings
- May advance to elliptical, bike, pool as tolerated

Months 6-12

- Advance functional activity
- Return to sport-specific activity and impact when cleared by MD after 8 months

Functional Capacity Evaluation Work Hardening/Work Conditioning Teach HEP

Modalities

- Electric Stimulation Ultrasound Iontophoresis Phonophoresis TENS Heat before
- Ice after Trigger points massage Therapist's discretion

Signature _____ Date _____