

OATS Autograft Protocol

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

***Range of motion is an important progression of therapy, but limiting swelling is important.
Respecting swelling will decrease pain and improve motion.***

CPM: 2-3x a day for 2 hrs, start 0-40° with ↑ 5-10° per day as tolerated; goal 100° by 6 wks

	Weight Bearing	Brace	ROM	Therapeutic Exercise
Phase 1 0-6 weeks	NWB	Week 0-1: braced locked in full extension 2-4 weeks: open brace by 20 degrees increments as quad control is gained	Initiate ROM	Gentle patellar mobs, AROM/PROM as tolerated, quad/hamstring sets, 4 way SLR, hamstring stretches, stationary bike for ROM **Monitor Incision **ICE/Elevate for swelling
Phase 2 6-8 weeks	Progress to full WB	None	Achieve ROM of 0-130° over the 2 weeks	ROM: prone hangs, flexinator/extensionator, PROM, scar mobilization Strength: initiate closed kinetic chain exercises and proprioception exercises (SLS activities) Work on normalizing gait
Phase 3 8-12 weeks	WBAT	None	Full ROM	Continue to focus on quad/hamstring strength with advanced closed kinetic chain exercises Gradually work on return to sports activities closer to end of phase III

Comments:

FCE _____ Work Conditioning/Work Hardening _____ Teach HEP _____

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ Date _____