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**OATS PROCEDURE OF THE KNEE
POST-OPERATIVE PHYSICAL THERAPY PROGRAM**

POST-OPERATIVE PHASE I: Weeks 0-6

PRIMARY GOALS: Protect healing tissue, decrease pain and effusion, gradually improve knee flexion, restore passive knee extension, and regain quad control

BRACE: locked at 0 degrees for WB activities, sleep in locked brace for 4 weeks

WEIGHT-BEARING: NWB (if graft site is MFC), WBAT (if graft site is patella or trochlea)

ROM:

Full passive knee extension immediately
Initiate CPM POD 1 for a total of 6 hours per day x2-3 weeks
Progress CPM ROM as tolerated 5-10 degrees per day, up to 6w
Knee flexion ROM goal: 90 degrees by 1-2w
Knee flexion ROM goal: 105 degrees by 3-4w, 120 degrees by 5-6w
Patellar mobilization
Stretch hamstrings and calf

STRENGTHENING: Ankle pump using rubber tubing, quad sets, multi-angle isometrics, active knee extension (no resistance), SLR, stationary bike when ROM allows, biofeedback and electrical muscle stimulation, prn; isometric leg presses by week 4, may begin use of pool for gait training and exercises by week 4.

POST-OPERATIVE PHASE II: Weeks 6-12

PRIMARY GOALS: Gradually increase ROM, improve quad strength/endurance, and increase in functional activities

BRACE: D/C by week

WEIGHTBEARING: Progress WBAT, FWB by 8-9 weeks, D/C crutches by 9 weeks (if graft site is MFC)

ROM: Maintain full passive knee extension, progress to flexion to 125-135 degrees by week 8, continue stretching program as well as patellar mobilization

STRENGTHENING: Initiate weight shifts week 6, mini-squats 0-45 degrees by week 8, closed kinetic chain (leg press), toe calf raises by week 8, stationary bicycle (low resistance), treadmill walking by weeks 10-12, balance and proprioception drills, initiate front and lateral step-ups and wall squats by weeks 8-10, continue use of biofeedback and electrical stimulation prn, use of pool for gait training and exercise

POST-OPERATIVE PHASE III: Weeks 12-26

ROM: 0-125 to 135 degrees

Incorporate home exercise program for strengthening and maintenance 3-4 times per week. Progress resistance as tolerated, agility and balance drills, sports programs depending on patient. Gradual return to full unrestricted functional activities by 6 months and beyond.