



# Cartilage Repair Center

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## Weightbearing Femoral Condyle

Osteo-Articular Transfer (OATS) PT Protocol (#1)

Stage 1 – Proliferative Phase (0-6 weeks)

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### PRIMARY GOALS

DO NOT OVERLOAD GRAFT

INCREASE TIBIAL-FEMORAL AND PATELLA-FEMORAL MOBILITY

RESTORE QUADRICEPS CONTROL

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<b>BRACE</b>	♦Knee immobilizer with ambulation until good quad control/SLR (~3-6 weeks)
<b>PRECAUTIONS</b>	♦Heel-toe TDWB with crutches
<b>ROM</b>	♦Full AROM and gentle AAROM. ♦CPM >= 6-8 hours daily x 6 weeks. Progress range as tolerated ♦Goal: Minimum 90 degrees flexion by 3 weeks, 110 degrees by 6 weeks, and full ROM by 12 weeks post-op.
<b>THEREX</b>	♦Quad sets, SLR in knee immobilizer as needed, leg curl/heel slides, hip abduction ♦Stationary bicycle no resistance once 90 degrees knee flexion obtained (~4 weeks)
<b>THERAPY</b>	♦Gentle multi-directional patella mobilization immediately after surgery. ♦Cryotherapy and Ace wrap for swelling and pain control. ♦E-stim for VMO/quadriceps muscle re-education/biofeedback encouraged early after surgery if needed. ♦Gentle massage/deep friction to hamstring insertions, suprapatellar quadriceps, medial/lateral gutters, and infrapatellar fat pad region 2-3 weeks after surgery. ♦Whirlpool therapy recommended at 2-3 weeks post-op to enhance motion.
<b>COMMENTS</b>	♦When tibial tubercle osteotomy performed, SLR/active knee extension <b>NOT PERMITTED</b> ♦Contact MD if ROM not achieved to within 20 degrees of goal. ♦No progression of this protocol until cleared by MD at 6 weeks post-op

For Outpatient Physical Therapist:

1-3x week / 8-12 weeks



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