

## Physical Therapy Prescription

<b>PATELLA OSTEOCHONDRAL AUTOGRAFT TRANSPLANT REHABILITATION PROTOCOL</b>				
<b>TIME PERIOD</b>	<b>WEIGHT BEARING</b>	<b>RANGE OF MOTION</b>	<b>BRACE</b>	<b>EXERCISES</b>
<b>0-6 weeks</b>	Weight bearing as tolerated with crutches	Advance as tolerated.	Immobilize in full extension at night.	Heel slides, quad sets, straight leg raises. Stretching exercises. Stationary bike without resistance. Patellar mobilization.
<b>6-9 weeks</b>	Weight bearing as tolerated	Full ROM	None	Continue previous exercises. Stretching and strengthening. Closed chain exercises.
<b>9-12 weeks</b>	Full weight bearing.	Full ROM	None	Gradually increase to return to full activities by 3 months if cleared.

**\*\*\*Begin physical therapy 2 weeks after surgery**

<p>Dane Todd, MD          Questions please call: # 402-488-3322          Fax: 402-488-3336</p> <p>Patient Name: _____</p> <p>Surgery Date: _____</p> <p>Side (Circled):    Right      Left</p> <p>Physical therapy to evaluate and treat for post op Patella OATS using the above protocol. 1-2x per week for 8 weeks.</p> <p>Notes: _____</p> <p>MD signature:</p>
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