

# Osteochondral Allograft Transplantation



Name: \_\_\_\_\_

Dr: Benjamin Petre

Date: \_\_\_\_\_

● = Do exercise for that week

**Week**

## ROM RESTRICTIONS

0-90 x 2wks, then progress as tolerated.

## BRACE SETTINGS

Immobilizer x 8 weeks

## Weight Bearing status

NWB x 8 weeks

## TIME LINES

Week 1 (1-7POD)  
Week 2 (8-14POD)  
Week 3 (15-21POD)  
Week 4 (22-28POD)

Initial Exercises	1	2	3	4	5	6	7	8	9	10	16	20	26	32	
Flexion/Extension - wall slides	●	●	●	●	●	●	●	●							
Flexion/Extension – seated	●	●	●	●	●	●	●	●							
Patella/Tendon mobilization	●	●	●	●	●	●	●	●							
Extension mobilization	●	●	●	●	●	●	●	●							
Quad series	●	●	●	●	●	●	●	●							
Hamstring sets	●	●	●	●	●	●	●	●							
Sit and reach for hamstrings (towel)	●	●	●	●	●	●	●	●							
Ankle pumps	●	●	●	●	●	●	●	●	●						
Crutch weaning									●	●	●				
Toe and heel raises									●	●	●	●			
Balance series									●	●	●	●	●	●	
Cardiovascular Exercises	1	2	3	4	5	6	7	8	9	10	16	20	26	32	
Bike with both legs – no resistance			●	●	●	●	●	●	●						
Bike with both legs - resistance							●	●	●	●	●	●	●	●	
Aquajogging									●	●	●	●	●	●	
Treadmill – walking 7% incline											●	●	●	●	
Swimming with fins										●	●	●	●	●	
Elliptical trainer											●	●	●	●	
Rowing											●	●	●	●	
Stair stepper												●	●	●	
Weight Bearing Strength	1	2	3	4	5	6	7	8	9	10	16	20	26	32	
Double knee bends										●	●	●	●	●	
Double leg bridges										●	●	●	●	●	
Reverse lunge – static hold										●	●	●	●	●	
Beginning cord exercises										●	●	●	●	●	
Balance squats												●	●	●	
Single leg deadlift												●	●	●	
Leg press												●	●	●	
High Level Activities	1	2	3	4	5	6	7	8	9	10	16	20	26	32	
Golf														●	●
Outdoor biking, hiking, snowshoeing														●	●

Therapist Name: \_\_\_\_\_