



Cartilage Repair Center

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Osteochondral Allograft Transplantation + High Tibial Osteotomy (HTO)

Weightbearing Femoral Condyle

Stage 2 (7-12 weeks)

PRIMARY GOALS

DO NOT OVERLOAD GRAFT

INCREASE TIBIAL-FEMORAL AND PATELLA-FEMORAL MOBILITY

RESTORE QUADRICEPS CONTROL

BRACE

- Knee immobilizer with ambulation until good quad control/independent SLR

GAIT

- Use bathroom scale to progress as follows:

Weeks 7 & 8

PWB 1/3 body weight

Weeks 9 & 10

PWB 2/3 body weight

Weeks 11 & 12

FWB with crutches

Week 13+

Crutch, cane, or no device as tolerated

- *Progress per guidelines above as pain allows

ROM

- Continue full AROM and gentle AAROM exercises
- CPM may be discontinued

THEREX

- Cycling on level surfaces permitted with gradual increase in tension per level of comfort
- Treadmill walking encouraged
- Low weight (max 10-20 lbs) open-chain leg extension and curl
- Strengthen quadriceps, hamstrings, and hip abductors/extensors using ankle weights and/or elastic band resistance through full ROM as tolerated
- Gentle closed-chain terminal knee extension 0-40 degrees (TKE) permitted starting at 9-10 weeks as tolerated per weight bearing restriction
- Permitted to begin blood flow restriction (BFR) therapy

THERAPY

- Continue multi-directional patella mobilization as needed
- Pool therapy as available to enhance ROM and quadriceps/hamstring muscle control
- E-stim for VMO/quadriceps muscle re-education/biofeedback as needed.
- Gentle massage/deep friction to hamstring insertions, suprapatellar quadriceps, medial/lateral gutters, and infrapatellar regions
- Activity level should be modified if increased pain, catching, or swelling occurs

COMMENTS

- No jogging or sports until MD clearance

For Outpatient Physical Therapist:

2-3x week / 6 weeks



ORTHOPEDIC & SPINE INSTITUTE

at St. Mary's Medical Center