



ELBOW OCD FIXATION / OSTEOCHONDRAL AUTOGRAFT TRANSPLANTATION (OATS) PROTOCOL

General notes:

“As tolerated” should be understood to include with safety for the surgery; pain, swelling, or other undesirable factors are indicators that you are doing too much too soon. If any of these should occur, decrease activity level and ice.

Ice should be applied to the elbow for 15-20 minutes following each exercise, therapy, or training session.

Return to sport is based on provider team (physician, physician assistant, athletic trainer, therapist) input and appropriate testing.

All times and exercises are to serve as guidelines. Progression through the protocol should be based upon criteria as opposed to dates listed and will vary depending on each individual patient. Progress should be agreed upon by the patient and his/her team of providers.

Post-op Phase I: (Day 1-Week 6)

Brace:

- As needed to restrict motion
- Utilize sling for comfort - Take arm out of sling and gently straighten elbow at least 3 times a day. (Unless braced or immobilized.)

ROM:

- Progress to full and painless

Therapeutic Exercises:

- Finger, hand, and wrist, active range of motion encouraged
- Initiate isometrics
- Core strengthening initiated as tolerated
- Periscapular and shoulder strengthening
- All therapeutic exercises should be completed in a non-weight bearing manner

Manual:

- Joint mobilizations to increase pain free ROM
- Scar massage

Proprioception:

- Non weight bearing rhythmic stabilization drills

Cardio:

- Stationary bike and elliptical may be initiated as tolerated

Modalities:

- Cryotherapy
- Electrical stimulation as needed for pain and swelling reduction

Progression to Phase II:

- No pain
- No swelling
- Full ROM

Post-op Phase II: (Weeks 6 to 8)

Brace:

- None

ROM:

- Full and painless

Therapeutic Exercises:

- UBE
- Core strengthening
- Periscapular and shoulder strengthening
- Isotonic elbow, forearm, and wrist strengthening
- All therapeutic exercises should be completed in a non-weight bearing manner

Proprioception:

- Non weight bearing rhythmic stabilization drills

Cardio:

- Stationary bike and elliptical

Modalities:

- Cyrotherapy
- Electrical stimulation as needed

Progression to Phase III:

- Involved shoulder and elbow strength 80% of non-involved side
- Satisfactory proprioception

Post-op Phase III: (Weeks 8 to 12)

Brace:

- None

ROM:

- Full and painless

Therapeutic Exercises:

- UBE
- Core strengthening
- Periscapular and shoulder strengthening
- Isotonic elbow, forearm, and wrist strengthening
- Initiate weight bearing exercises

Proprioception:

- Rhythmic stabilization drills

Cardio:

- Stationary bike and elliptical

Modalities:

- Cyrotherapy
- Electrical stimulation as needed

Progression to Phase IV:

- Involved shoulder and elbow strength at least 80% of non-involved side
- Satisfactory proprioception
- No pain with weight bearing through involved extremity

Post-op Phase IV: (Week 12 on)

Brace:

- None

ROM:

- Full and painless

Therapeutic Exercises:

- UBE
- Core strengthening
- Periscapular and shoulder strengthening
- Isotonic elbow, forearm, and wrist strengthening
- Weight bearing exercises
- Initiate plyometric exercises
- Initiate return to throwing program

Proprioception:

- Rhythmic stabilization drills

Cardio:

- Stationary bike and elliptical

Modalities:

- Cryotherapy
- Electrical stimulation as needed

Progression to Phase IV:

- Successful completion of interval throwing program

Return to Sport

Follow up testing determined by your healthcare team:

- Overhead athletes



- ROM
 - Shoulder and elbow
- Strength
 - Manual muscle testing shoulder and elbow
 - Isokinetic testing shoulder and elbow
 - Grip strength
- Proprioception
 - Shoulder
- Functional Tests
 - Specific to throwing
- Upper extremity weight bearing athletes
 - ROM
 - Elbow
 - Strength
 - Manual muscle testing
 - Isokinetic testing
 - Grip strength
 - Proprioception
 - Functional Tests
 - Specific to weight bearing