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High Tibial Osteotomy/Distal Femoral Osteotomy Physical Therapy Protocol

Patient Name:_____Date:_____

Surgery: s/p Right/Left Distal Femoral Osteotomy High Tibial Osteotomy

Date of Surgery:_____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

WEEKS 0-2

___ Full Extension in Bledsoe Brace locked @ 0 degrees
___ Ambulate NWB with Bledsoe Brace locked @ 0 degrees
___ Cryotherapy prn
___ Passive ROM 0 – 90 degrees
___ Calf pumps, quad sets SLR in brace, modalities

WEEKS 2-6

___ Progress ROM in Bledsoe to 0 – 60 degrees as Quad tone and strength increase over 6 week period
___ Ambulate TTWB in Bledsoe Brace
___ Passive ROM 0 – 120 degrees MAX (Active Flexion / Passive Extension) NO ACTIVE EXTENSION
___ Straight Leg Raises (in Bledsoe) / Quad Sets
___ Quadriceps Isometrics @ 90 degrees
___ Biofeedback Unit (E-stim to Quads may be used if Biofeedback not available)
___ Begin floor-based core, hip and glutes work Advance quad sets, pat mobs, and SLR

WEEK SIX AND BEYOND

___ Advance 25% weight bearing weekly and progress to full with normalized gait pattern
___ Advance assistive device as tolerated – Crutches > Cane > None
___ Out of Bledsoe once adequate quadriceps control
___ Begin Active Extension
___ Continue SLR, Quad Isometrics
___ Begin stationary bike at 6 weeks
___ Outdoor cycling, elliptical, swimming after 12 wks
___ Modalities prn
___ Advance closed chain quads, progress balance, core/pelvic and stability work
___ Advance SLR, floor-based exercises, hip/core
___ Begin training sport-specific drills as tolerated after 20 weeks

____Functional Capacity Evaluation ____Work Hardening/Work Conditioning ____ Teach HEP

Modalities
___Electric Stimulation ___Ultrasound ___ Iontophoresis ___Phonophoresis ___TENS ____ Heat before

___Ice after ___Trigger points massage ____ Therapist's discretion

Signature_____ Date_____