

High Tibial Osteotomy/Distal Femoral Osteotomy Physical Therapy Protocol/Prescription

Name: _____**Date:** _____**Diagnosis:** _____**Date of Surgery :** _____**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

Comments:**Frequency:** _____ **times per week****Duration:** _____ **weeks****Signature:** _____**Date:** _____