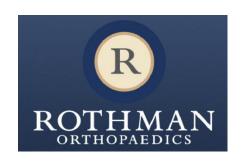
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High Tibial Osteotomy/Distal Femoral Osteotomy Physical Therapy Protocol

Patient Name:			Date:		
Surgery: s/p Right/Left	Distal Femoral Oste	cotomy High Tib	ial Osteotomy		
Date of Surgery:		_			
Frequency: 1 2 3	4 times/week	Duration: 1 2	3 4 5	6 Weeks	
WEEKS 0-2					
Ambulate NWB wi Cryotherapy prn Passive ROM 0 – 9	Bledsoe Brace locked th Bledsoe Brace loc 00 degrees sets SLR in brace, mo	cked @ 0 degrees			
<u>WEEKS 2-6</u>					
Ambulate TTWB in Passive ROM 0 – 1 Straight Leg Raises Quadriceps Isometr Biofeedback Unit (n Bledsoe Brace 20 degrees MAX (As (in Bledsoe) / Quad	Active Flexion / Pas d Sets y be used if Biofeed	sive Extension		
WEEK SIX AND BEY	<u>'OND</u>				
Advance assistive of Out of Bledsoe one Begin Active Exter Continue SLR, Qua Begin stationary bil Outdoor cycling, el Modalities prn Advance closed cha Advance SLR, floo	ad Isometrics	Crutches > Cane > eps control after 12 wks balance, core/pelvicip/core	None c and stability		
Functional Capacit	ty Evaluation	_Work Hardening/V	Work Conditio	ning Teach F	НЕР
ModalitiesElectric Stimulation	Ultrasound _	Iontophoresis	Phonophor	resisTENS	_ Heat before
Ice afterTrigger	points massage	Therapist's disc	eretion		
Signature			Date		