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     5     6 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
___ Amputate 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__________________