Adam Lindsay, MD, M.S.

VSON Alpine – Gunnison, Crested Butte, Telluride Orthopaedic Surgery, Sports Medicine P) 970-641-6788 F) 866-725-4659



# **Physical Therapy Prescription – High Tibial Osteotomy**

Name:	Date of Surgery:
Procedure: R / L High tibial Osteotomy Frequency: 2-3 times per week for 6 weeks	

NOTE: If done concurrently with a cartilage restoration procedure (OCA, DeNovo, MACI), please defer to that protocol for differences.

### PHASE 0: Pre- operative goals (i.e. Pre-hab)

- Normal Gait
- AROM 0-120 degrees
- Strength: 20 SLR with no lag.
- Minimal Effusion
- Patient Education on Post op exercises with a stress on compliance and importance
- Education on ambulation with crutches and safe stair use
- Wound care instructions
  - Keep tegederm clean and dry, no showering until 48hrs post-op then remove ACE, No submerging (bath, hot-tub, lake, river, ocean) for 6 weeks post op. Formal instructions will be listed in operative note and packet.

**Educated in follow-up (also provided in packet)**: 10-14 days post op, 6 weeks, 3 months, 6 months, 9 months, 1 year, 2 years, 5 years.

PHASE I (Weeks 0 – 2): Period of protection, decrease edema, activate quadriceps

- Weightbearing: Heel-touch in brace locked in extension
- Hinged Knee Brace: Locked in full extension for ambulation and sleeping (remove for PT)
- Range of Motion: AROM/AAROM/PROM with therapist; goal of 90°
- Therapeutic Exercises: calf pumps, quad sets, heel slides 0-90°, SLR in brace locked in full extension
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

#### Phase II (Weeks 2-6)

- Weightbearing: Heel-touch in brace
- **Hinged Knee Brace**: Unlocked 0-90°, off at night; discontinue completely at week 6 if good quad control
- Range of Motion: Progress to full, painless AROM
- Therapeutic Exercises: Advance Phase I, progress non-weight bearing flexibility, begin floor-based core/glute exercises; straight-leg raises with brace in full extension until guad strength prevents extension lag
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

## Phase III (Weeks 6 – 8)

- Weightbearing: Advance 25% weekly until full WB with normalized gait pattern
- Range of Motion: Full
- Therapeutic Exercises: Advance Phase II, begin closed chain exercises (wall sits, shuttle, mini-squats, toeraises), begin stationary bike
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

#### Phase IV (Weeks 8 – 16)

- Advance Phase III exercises; focus on core/glutes; progress flexibility and strengthening
- Add elliptical at 12 weeks
- Swimming allowed at 12 weeks

Phase V (Weeks 16 – 24): Gradual return to athletic activity

Signature:	Date:	_
<ul> <li>Advance Phase IV exercises</li> <li>Return to sport-specific activity and impact when clear</li> </ul>	red by MD at 5 months postop	