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PHYSICAL THERAPY PROTOCOL High Tibial Osteotomy

Progression is both criteria-based and patient specific. Phases and time-frames are designed to give the clinician a general sense of progression. Concomitant procedures such as cartilage procedures as well as chronicity of the condition will alter the guideline.

	<u>Weight Bearing</u>	<u>Brace</u>	<u>ROM</u>	<u>Exercises</u>
Weeks 0-2 PT 1x/week HEP daily	STRICT NWB	Brace on at all times during day and while sleeping (may remove for hygiene)	0-90°	Calf pumps Quad sets SLR In brace Modalities
Weeks 2-8 PT 1-2x/week HEP daily	STRICT NWB	Wean out of brace at night Must be in brace at all times during the day (may remove for hygiene)	0-90° (Weeks 2-4) Increase to full ROM (Weeks 4-8)	Progress NWB flexibility Modalities Begin floor-based core and glute exercises Advance quad sets, patellar mobs, and SLR
Weeks 8-10 PT 2x/week HEP daily	Advance weight bearing 25% weekly and progress to full with normalized gait pattern	May wean out of brace	Full	Advance closed chain quads, progress balance, core/pelvic, and stability work Begin stationary bike at 8 weeks Advance SLR, floor-based exercise, hip/core
Weeks 10-16 PT 1-2x/week HEP daily	WBAT	None	Full	Progress flexibility/ strengthening, progression of functional balance, core, glutes program Advance bike, add elliptical at 12 weeks as tolerated
Weeks 16-24 PT 1-2x/week HEP daily	WBAT	None	Full	Advance Phase IV activity Progress to functional training, including impact activity after 20 weeks when cleared by MD

IF QUESTIONS: PLEASE CALL 469-800-7200