



**PHYSICAL THERAPY PRESCRIPTION**  
**Tibial Tubercle Osteotomy**

Name: \_\_\_\_\_ Surgery Date: \_\_\_\_\_

PROCEDURE:  Right  Left

Additional Procedures:  Cartilage Procedure: \_\_\_\_\_

Lateral Release  MPFL Reconstruction -  Hamstring Auto  Allograft

Other: \_\_\_\_\_

Weight Bearing:  NWB with brace locked in extension with crutches/walker

Weight bearing modifications:  TTWB  \_\_\_\_\_

ROM:  0 – 30 degrees (advance to 0-60 degrees)

ROM Modifications: \_\_\_\_\_

Brace Instructions:  brace locked in extension AT ALL TIMES (*except when using CPM*)

remove brace when using CPM machine

\_\_\_\_\_

CPM Instructions:  0 – 30 degrees (advance to 0 – 60 degrees as tolerated), *remove brace while using CPM*

Additional Instructions: \_\_\_\_\_

Frequency & Duration:  1-2 times per week for 6 - 8 weeks

Rx: TTP Post-Op Rehab – Phase 1 (follow my protocol strictly)

Dressing change / wound check 2-3 days post-op

Emphasize early full passive extension to 0°

Quad sets and SLR

Precautions:  Per my PT protocol

Physician's Signature:  \_\_\_\_\_, MD



PHYSICAL THERAPY PROTOCOL  
 Tibial Tubercle 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, lateral release, tibial tubercle osteotomy, as well as chronicity of the condition will alter the guideline.

	<u>Weight Bearing</u>	<u>Brace</u>	<u>ROM</u>	<u>Exercises</u>
<b>Phase I</b> <b>Weeks 0-6</b>  PT 1-2x/week HEP daily	NWB in brace w/ crutches	Locked in full extension at all times (except when using CPM)	CPM 2 hours/ 3x/day x 6 weeks - Remove brace - Start 0 – 45°, advance to 0-90°	<b>Avoid AA-AROM knee extension</b> PROM with CPM AA-AROM knee flexion  Quad sets Patellar mobs (per MD guidelines) SLR w/ brace until no lag Side-lying hip/core
<b>Phase II</b> <b>Weeks 7-12</b> PT 2-3x/week HEP daily	<b>WB progression per surgeon based on x-ray healing</b>  <u>Week 7-8:</u> progress to WBAT with crutches & brace locked in extension <u>Week 9-10:</u> WBAT with brace locked in extension without crutches <u>Week 11-12:</u> normalize gait with brace open	Per weight bearing guidelines  May remove for sleeping	0-110° - (8 weeks) 0-130° - (12 weeks)	Patellar mobs per MD guidelines ROM exercises: PROM – AAROM KE in pain free arc AROM – AAROM KF Hydro-treadmill or anti-gravity treadmill Retro-walking to encourage NM control Quad strengthening – leg press Bicycle: short crank to standard crank as ROM allows Proximal/ core strengthening (hip extension with knee flexion, side planks, bridge) Initiate balance and proprioceptive training - double limb support on progressively challenging surfaces to single limb support on level surface
<b>Phase III</b> <b>Weeks 13-24</b> PT 1-2x/week HEP daily	WBAT without crutches and brace  Normal gait on level surfaces and stairs	None	Full	Quad strengthening -Closed chain preferred -Forward Step Up -Eccentric leg press -Progress to Forward Step Down -Squat progression: chair squats to free squats Gait training: heel-toe gait pattern -Treadmill: small grade elevation -Retro-walking Advance proximal strength -Bridging progression -Hip extension with KF -Core training (plank, side plank) Balance progression Cross training: elliptical, bike, swimming

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<b>Phase IV</b> <b>Weeks 25-35</b> PT 1-2x/week HEP daily	WBAT	None	Full	Advance LE strengthening, flexibility, dynamic single limb stability & agility Advance core stability Cross training Initiate plyometric program -Good eccentric quad control -Vertical jumping progression Initiate running program -Start with 30 second intervals
<b>Phase V</b> <b>Weeks 36-52</b> PT 1x/week HEP daily	WBAT	None	Full	Advance plyometric program Advance cutting, deceleration training  Gradual return to sports participation after completion of RTS testing **  Maintenance program based on RTS testing

\*\* Completion of RTS (Return to Sport) testing not mandatory, but recommended for competitive athletes returning to play after rehab

**IF QUESTIONS: PLEASE CALL 469-800-7200**