



Sheena Black, MD

Orthopaedic Surgery, Sports Medicine www.SheenaBlackMD.com

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	g: 🗆 NWB wi	th brace lock	ked in extension with	crutches/walker		
	Weight bea	aring modifica	ations: 🗆 T	тwв 🗆		
ROM : □ 0 - 3	30 degrees (adv	ance to 0-60) degrees)			
	M Modifications	:				
Brace Instructi	ions: 🗆 brace	locked in ex	tension AT ALL TIM	ES (except when using CPM)		
		ve brace whe	en using CPM machi	ne		
CPM Instructio	ons: □ 0 – 30	degrees (ad	Ivance to 0 – 60 deg	rees as tolerated), remove brace	e while using CPM	
			-		-	
Frequency & D	ouration: 🗆 1-	2 times per v	week for 6 - 8 weeks			
Rx:	TTP Post-Op	Rehab – Pha	ase 1 (follow my prot	ocol strictly)		
	Dressing char	nge / wound	check 2-3 days post	-op		
	Emphasize ea	arly full passi [,]	ive extension to 0°			
	Quad sets and	d SLR				
Precautions:	X Per my	PT protocol				
Physician's Sig	gnature:	\neq	E,MD			





Sheena Black, MD

Orthopaedic Surgery, Sports Medicine www.SheenaBlackMD.com

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.

	Weight Bearing	<u>Brace</u>	ROM	<u>Exercises</u>
Phase I Weeks 0-6 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°	Avoid AA-AROM knee extension PROM with CPM AA-AROM knee flexion Quad sets Patellar mobs (per MD guidelines) SLR w/ brace until no lag Side-lying hip/core
Phase II Weeks 7-12 PT 2-3x/ week HEP daily	WB progression per surgeon based on x-ray healing <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
Phase III Weeks 13-24 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





Sheena Black, MD

Orthopaedic Surgery, Sports Medicine www.SheenaBlackMD.com

Phase IV Weeks 25-35 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
Phase V Weeks 36-52 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