

**High Tibial Osteotomy
Rehabilitation Protocol**

PHASE I: Generally post-operative weeks 1 - 8	
PRECAUTIONS:	<p>*Wear long-legged ROM brace at all times, except during rehabilitation*</p> <p>*NO running until 4 months post-op*</p>
CRUTCHES:	<p>Begin with touch weight-bearing</p> <ul style="list-style-type: none"> o Weeks 1-4: Foot-flat (touch) weight-bearing @ 0-25% body weight o Weeks 5-6: partial weight-bearing @ 25-75% body weight o Weeks 7-8: weight-bearing as tolerated @ 75-100% body weight
BRACE & ROM:	<p>Brace locked at 0° extension for ambulation for 6 weeks; then, open to current ROM</p> <p>ROM: Diligently work to obtain full extension by 1 week post-op and ~90° flexion by 3 weeks post-op; after 3 weeks post-op, gently increase flexion 5-10° per week</p>
WOUND:	<p>Post-op dressing remains intact until post-op day #3 (~72 hours after surgery)</p> <p>May begin showering after post-op day #3 (no need to cover incision site)</p> <p>*Do NOT submerge knee in tub or pool for 4 weeks*</p> <p>Bilateral compression stockings for 3-7 days: unilateral use thereafter as needed</p> <p>Suture/staple removal @ 10-14 days at followup with Dr. Zacchilli</p>
REHABILITATION:	<p>Frequent use of cryocuff and/or ice with lower extremity elevated</p> <p>Exercises should be done as part of a home exercise program 2-3 x per day</p>
~Weeks 1-4	<p>Calf pumping (using theraband)</p> <p>Assisted heel slides (0-90°)</p> <p>Quad sets (with e-stim)</p> <p>Supine passive extension with ice on knee and towel under heel</p> <p>Gentle hamstring stretching</p>
~Weeks 5-6	<p>SLRs: front direction only (with brace) – progressively add weight</p> <p>Discontinue e-stim when quality SLRs are performed</p> <p>Stationary bike for ROM ∪∪ half circles - progress to biking for conditioning</p>
~Weeks 7-8	<p>Hip Abduction wall slides - (hip abduction strengthening)</p> <p>Heel raise progression: begin bilateral heel raises - progress to unilateral</p> <p>Double leg mini-squats (0-45°) - progress to single leg</p>

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FOLLOW-UP:	Gait training (cone walking, marching, retrowalking, cariocas, shuffles, etc.) Forward, lateral, and retro step-ups (start with 4", progress as tolerated)
DOCUMENTATION:	Physical Therapy: Bimonthly; Ortho: ~8 weeks post-op; Supervised rehabilitation: 2-3 x per week as needed Precautions, pain level, medications and modalities Observation: (incision sites) - Signs/symptoms of infection? Site healing well? Effusion? Neurovascular status: Distal pulses, motor and sensation intact? Presence of calf pain? Knee ROM, & quadriceps function
PHASE I GOALS:	Normal gait and stair ambulation; ROM: full knee extension, ~120° knee flexion (If goals are not met, consider remaining on phase I for 2 additional weeks)

PHASE II: Generally post-operative months 3 - 4	
PRECAUTIONS:	*Continue to wear brace at all times (except while sleeping)* * NO running until 4 months post-op*
BRACE:	Brace unlocked for ambulation; open to current ROM
REHABILITATION:	Continue phase I exercises as needed Progress to the following exercises and increase intensity gradually when patient is ready (i.e., no increase in knee pain or effusion since the previous exercise session) *Note: all strengthening should be done starting with low weights, high repetitions, and in a painless ROM*
~Month 3	Stationary biking for conditioning (~80-100 RPMs) - may add elliptical gradually General LE stretching (calf, HS, quads, HF, hip adductors) Progressive standing balance exercises (body blade, plyoball, platform training, etc.) (progress in duration, intensity, double leg to single leg, etc.) Progressive strengthening (calf & leg press, squats (0-45°), lunges, HS curls, hip abd/add) (first set: 20 repetitions, then 2 additional sets at the same weight to muscle failure) Progressive aquatics program (optional)
~Month 4	Elliptical and/or stairmaster Progressive functional training (2 legged plyometrics, jump roping, etc.) Progressive strengthening (calf & leg press, squats (0-60°), lunges, HS curls, hip abd/add) (first set: 15 repetitions, then 2 additional sets at the same weight to muscle failure)

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FOLLOW-UP:	PT: ~every 3-4 weeks; Ortho: ~3 months post-op Supervised rehabilitation: 2-3 x per week as needed
DOCUMENTATION:	Precautions, pain level, medications, modalities Effusion, knee ROM, quadriceps function, & gait
PHASE II GOALS:	Full knee ROM with minimal or no effusion Hop without pain using good form (If goals are not met, consider remaining on phase II for 2-4 additional weeks)

PHASE III: Generally post-operative months 5 - 7	
PRECAUTIONS:	* NO participation in contact sports or advanced physical training until cleared*
BRACE:	Optional
REHABILITATION:	Continue other phase II exercises as needed. Progress in duration and intensity only if there is no increase in knee pain or effusion since the previous exercise session.
~Month 5	<p>Warm-up: 5-10 minutes (bike, elliptical, stairmaster)</p> <p>General LE stretching: 5-10 minutes (calf, HS, quads, HF, hip adductors)</p> <p>Progressive strengthening (calf & leg press, squats (0-90°), lunges, HS curls, hip abd/add) (first set: 10 repetitions, then 2 additional sets at the same weight to muscle failure)</p> <p>Progressive balance training</p> <p>Progressive functional training: Begin at 25-50% intensity and progress gradually (jumping, hopping, directional jogging, cariocas, shuffles, agility ladders, etc.)</p> <p>Walk to run progression program (on a treadmill)</p>
~Months 6-7	<p>Warm-up: 5-10 minutes (bike, elliptical, stairmaster)</p> <p>General LE stretching: 5-10 minutes (calf, HS, quads, HF, hip adductors)</p> <p>Progressive strengthening (calf & leg press, squats (0-90°), lunges, HS curls, hip abd/add) (first set: 6-8 repetitions, then 2 additional sets at the same weight to muscle failure)</p> <p>Progressive balance training as needed</p> <p>Continue running progression</p> <p>Progressive functional training: Begin at 50-75% intensity and progress gradually (jumping, hopping, directional jogging, cariocas, shuffles, agility ladders, etc.)</p> <p>Functional knee program I & II (optional)</p>

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FOLLOW-UP:	PT: Monthly; Ortho: ~6 months post-op; Supervised rehab: 1-2 x per week as needed
DOCUMENTATION:	Pain level, medications, modalities Effusion, knee ROM, quadriceps function, hop for distance
PHASE III GOALS:	Agility running and cutting at 50-75% intensity without pain, Hop for distance > 90% compared to uninvolved side Strength return of > 90% for quadriceps and hamstring compared to uninvolved side (If goals are not met, consider remaining on phase III for 1-3 additional months)
MISCELLANEOUS:	After 7 months post-op: Exercises in phase III are continued, gradually increasing intensity & duration as tolerated. Individual sport specific drills are initiated as applicable. The recommendation is to wait until 10-12 months post-op to return to contact/collision sports or aggressive training (i.e. CrossFit, etc.). This time period may be adjusted slightly by the surgeon and therapist according to patient progress.