

Physical Therapy Prescription Osteotomy

Patient Name:

Today's Date:

Surgery Date:

Dx: s/p (LEFT / RIGHT) Osteotomy (High Tibial / Distal Femoral)

0 to 6 Weeks

- TTWB with Brace in Extension x 6 weeks
- Ice / Massage / Anti-Inflammatory Modalities
- Range of Motion Active / Active-Assisted / Passive
 - Limit ROM to _____° deg for first 4 weeks, then may progress ROM
 - CPM 3-4 hrs per day for first 6 weeks
- Quadriceps and Hamstring stretching
- Straight leg raises / Quad sets / SAQ
- Quadriceps Strengthening V.M.O. Strengthening
 - Full Arc 0-30° Arc

6 - 12 Weeks

- WBAT after 6 weeks, begin PWB
- Hamstring Strengthening
- Iliotibial Band stretching / strengthening
- Adductor/Abductor stretching / strengthening
- CKC strengthening as pain and WB allows, progressive overload
- Exercise Bike Stairclimber Cybex
- Achilles tendon stretching
- Medial Patella Glides
- Electrical Stimulation for Quadriceps
- Hydrotherapy

12-20 Weeks

- No impact activities until 12 weeks post op
- Continue progression of exercises from above
- Begin jogging once eccentric step down is symmetric. Favor low impact activities over jogging.
- Sagittal plane motions okay
- Strength training with progressive overload okay
 - LE push movements
 - Hip hinge movements

20+ Weeks

- May begin transverse plane motions in controlled environment provided patient has dynamic control of knee
- Small jumps / easy plyometrics can begin in supervised environment

Full release at 6 months post op

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks

**Please send progress notes.

Physician's Signature: _____ **M.D.**